

# Core 400 LLC

An Independent Review Organization  
7000 N. Mopac Expressway, Suite 200  
Austin, TX 78731  
Phone: (512) 772-2865  
Fax: (530) 687-8368  
Email: manager@core400.com

## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:** Dec/09/2011

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Outpatient right knee arthroscopy menisectomy with possible arthrotomy

**DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:**

M.D., Board Certified Orthopedic surgery

**REVIEW OUTCOME:**

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

ODG

Notice of utilization review findings 11/09/11

Notice of utilization review findings 11/17/11

Preauthorization request for surgery 11/03/11

Clinic notes Dr. 10/31/11

MRI right knee 10/05/11

X-rays right knee 09/06/11

Appeal request for reconsideration 11/10/11

Appeal letter Dr. 11/09/11

Notice of employee's work related injury / illness xx/xx/xx

Notice of disputed issues and refusal to pay benefits 10/12/11

Office notes 09/06/11-10/06/11

**PATIENT CLINICAL HISTORY SUMMARY**

The claimant is a male with the. He injured his right knee when he slipped on a wet floor in the hall. X-rays of the right knee on 09/06/11 reported subtle bony fragmentation in regions of the tibial spines significance of which is unclear and may be related to chronic injury. No acute fracture or dislocation was seen. There is no suprapatellar joint effusion. MRI of the right knee dated 10/05/11 revealed large posterior horn of medial meniscus tear, no free or displaced meniscal tissue. There is patellofemoral chondromalacia with no associated bony defect. No bone bruise or occult fracture was noted. A minimal joint effusion was present. He was treated conservatively with crutches and sedentary work. The claimant is also taking medications. Physical examination on 10/31/11 revealed range of motion of right knee is 2-108 degrees. It increased from 2-120 degrees later in examination when the claimant felt more comfortable. Left knee range of motion is 0-140 degrees. There were well healed arthroscopic scars on left knee. Both knees have negative Lachman and medial and lateral

stress opening. The patella is mildly tender on the right and not tender on left. McMurray's produced mild pain in right knee with no definitive clicking or popping. There was tenderness along the posterior medial joint line and some thickness of right knee along joint line. MRI was reviewed and was noted to show what appeared to be complex tear of medial meniscus as well as chondromalacia of medial femoral condyle and patella of right knee. The claimant was recommended to undergo arthroscopy of the right knee.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION**

This man twisted his right knee when he slipped on wet floor on xx/xx/xx MRI of the right knee revealed a large posterior horn of medial meniscus tear extending to articular surface both superiorly and inferiorly near the free edge. No free or displaced meniscal tissue was seen. Tear extends into mid body. Also noted was patella and femoral chondromalacia with no associated bony defect. Treatment to date is noted to include home exercise program, limited weightbearing / crutches, and activity modification / restricted work duty. He has failed to improve. He has limited range of motion of right versus left knee. McMurray's produces mild pain in right knee without definite clicking or popping, with tenderness noted along posterior medial joint line and some thickness of the right knee along joint line. Given the extent of meniscal pathology and clinical exam findings, the reviewer finds there is a medical necessity for outpatient right knee arthroscopy meniscectomy with possible arthrotomy. Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be overturned.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION**

ACOEM-AMERICA COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE

AHCPR-AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES

DWC-DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN

INTERQUAL CRITERIA

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

MILLIMAN CARE GUIDELINES

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

TEXAS TACADA GUIDELINES

TMF SCREENING CRITERIA MANUAL

PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)