

SENT VIA EMAIL OR FAX ON  
Dec/02/2011

## Pure Resolutions LLC

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### NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Nov/30/2011

**IRO CASE #:**

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

Right Knee Operative Arthroscopy with Partial Medial Meniscectomy and Examination of Intra-Articular Structures

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

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**

OD Guidelines

Preauthorization review 10/28/11

Preauthorization review 11/07/11

Office notes M.D. 10/19/11-11/14/11

Right knee x-ray 10/19/11

MRI right knee 10/20/11

Chiropractic notes D.C. 09/26/11-11/01/11

Preauthorization request for operative arthroscopy 10/21/11

Preauthorization reconsideration request 10/31/11

**PATIENT CLINICAL HISTORY SUMMARY**

The claimant is a male whose date of injury is xx/xx/xx. Records indicate that the claimant sustained an injury. He described slipping between two stacks of rugs falling backwards, appreciating a pop, onset of medial pain, stiffness, painful weightbearing and limping. MRI of the right knee dated 10/20/11 revealed tricompartmental osteoarthritis, most notably

involving the medial femoral tibial compartment with diffuse grade II/III chondromalacia along the medial femoral condyle. Moderate grade chondromalacia of patellofemoral compartment was also seen. Superiorly surfacing flap tear of medial meniscus at posterior body / posterior horn junction, extending to the periphery was reported. There were findings concerning for grade I MCL sprain, with moderate sized joint effusion with synovitis. The patient was seen for orthopedic evaluation by Dr. on 10/19/11. Physical examination revealed the patient to be morbidly obese at 6'1" tall and 350 lbs. Gait was antalgic. The claimant ambulates without assistive devices. On physical examination of the right knee there was incomplete extension lacking 5 degrees and flexion 120 degrees. Medial and posterior medial joint line pain was noted without palpation aggravated with compression, with hyperextension, and tibial rotation. There was no lateral joint line pain. There was no retropatellar crepitation. There is atrophy of the quadriceps and 2+ effusion. There was no evidence of instability. Standing x-rays were noted to reveal 15% narrowing of the medial compartment. The claimant was seen in follow-up on 10/24/11 after obtaining MRI which indicated tricompartmental osteoarthritis, superiorly surfaced flap tear medial meniscus and posterior body junction extending to the periphery, mild grade I MCL sprain and moderate effusion. The claimant was advised to consider operative arthroscopy with partial medial meniscectomy and examination of intraarticular structures.

A preauthorization review was performed on 10/28/11 and request for right knee operative arthroscopy with partial medial meniscectomy and examination of intraarticular structures was determined as not medically necessary. It was noted the claimant sustained an injury when he slipped. He complains of medial sided right knee pain. Pain is noted to be exacerbated by climbing stairs, exiting his car, pivoting, walking, bending, stooping, and kneeling. The patient was noted to have undergone previous left knee arthroscopy in 2004. Right knee exam revealed no mass, induration, warmth, erythema, or deformity. Swelling and quadriceps atrophy was noted. The claimant was able to demonstrate 5 to 120 degrees of range of motion. Medial joint line pain was noted upon palpation. 2+ effusion was also noted. MRI dated 10/20/11 of the right knee revealed superior surface flap tear of medial meniscus at posterior portion of body. Tricompartmental osteoarthritis was also noted. Clinic note dated 10/24/11 detailed the claimant continues to complain of right knee pain. He was noted to have continued incomplete extension and medial joint line pain. The clinic notes do not mention any previous involvement with conservative treatment to include physical therapy, medications, or activity modification. The injury occurred only. Given the lack of information regarding previous involvement with physical therapy as well as ongoing pharmacologic interventions or activity modifications, the request does not meet guideline recommendations.

A preauthorization review of reconsideration / appeal request was performed on 11/07/11. It was noted the documentation submitted for review elaborates the claimant complained of right knee pain with associated range of motion deficit. Official Disability Guidelines recommend meniscectomy provided the claimant meets specific criteria to include previous involvement with conservative treatment. The claimant is noted to have previously had chiropractic therapy and passive manual therapy; however, there is lack of objective information regarding the outcome of previous conservative treatment to include physical therapy, medications, or activity modifications as recommended by guidelines. Given the lack of information regarding the claimant's previous conservative treatment, the request does not meet guideline recommendations and documented submitted for review does not support request at this time.

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

The clinical data submitted for review does not support determination of medical necessity for the proposed right knee operative arthroscopy with partial medial meniscectomy and examination of intraarticular structures. The claimant sustained an injury to the right knee on xx/xx/xx. MRI revealed superiorly surfacing flap tear at posterior body / posterior horn junction of medial meniscus extending to the periphery. Also noted was tricompartmental osteoarthritis, grade I MCL sprain, and moderate sized joint effusion. Examination of the right knee revealed no mass, induration, warmth, erythema, or knee deformity. Swelling and

quadriceps atrophy was noted. Range of motion was -5 to 120 degrees. There was medial and posterior medial joint line pain on palpation. There is no evidence of instability. There was no indication of catching or locking of the knee. Records provided do not document that the claimant has had appropriate course of conservative treatment to include physical therapy, activity modification, or medications. There is no evidence of locked / blocked knee that would obviate the need for conservative treatment. As such, medical necessity is not established, and the previous reviews correctly determined the request to be non-certified as medically necessary.

**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)