

SENT VIA EMAIL OR FAX ON
Apr/10/2012

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Apr/09/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Right Knee Arthroscopy Poss. Medial Meniscectomy

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

Request for IRO dated 03/22/12

Utilization review determination dated 03/09/12

Utilization review determination dated 03/20/12

Surgery scheduling sheet dated 02/20/12

Clinical records dated 01/18/11-02/20/12

Operative report dated 02/09/11

Radiographic report knee dated 04/29/11

Radiographic report knee dated 09/02/11

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male who is reported to have date of injury of xx/xx/xx. The mechanism of injury is reported to have been lifting. The first available clinic note is dated 01/18/11. The claimant is reported to have sustained a right ACL tear, bucket handle meniscal tear, and tibial collateral ligament injury. He is reported to have been unstable. He is undergoing physical therapy but still feels unstable. He reports having problems walking in straight line. He reported it will sometimes give out on him. On physical examination the right knee has very positive anterior drawer and Lachman but is stable to varus and valgus stress with full extension and 30 degrees of flexion. Sensation is intact in all nerves. He is now 1 ½ month out from ACL tear. He is not getting better with physical therapy. He subsequently was recommended to undergo surgical intervention. Records indicate the claimant was taken to surgery on 02/09/11 at which time he underwent right ACL reconstruction. When seen in

follow-up on 03/09/11 it is reported he has not done therapy. He was on vacation and just started therapy today. He has a little pain over typical tibial screw site. He has limited flexion. His quad looks bad. He was subsequently recommended to begin therapy. When seen in follow-up on 03/30/11 he is reported to have grade I Lachman, full motion, quads have improved, he has no swelling. His incision is well healed. He is recommended to continue physical therapy and be seen in another month.

The claimant was seen in follow-up on 04/27/11. He is reported to be back at work approximately 6 hours a day as industrial machine mechanic. He is standing on concrete floors all day long. After 6 hours he does have some pain in his knee, otherwise his only other complaints are some feelings of instability especially with climbing stairs. On physical examination his incisions are well healed. There is no erythema or drainage. He has no tenderness to palpation. He has full range of motion without pain, stable Lachman's, stable to varus / valgus stress. He has notable atrophy; however, decreased muscle mass on right quad compared to left. He is continued on restrictions at work for heavy lifting and no squatting. He is to continue physical therapy especially strengthening exercises. The claimant was seen in follow-up on 04/29/11 and was reported to be progressing well until yesterday when he was walking. He pushed off with his right foot with knee slightly flexed. He felt pop in right knee and had immediate pain. He reported having to lie down. He felt nauseous and had swelling in his knee. He has been unable to bear weight since then. He reports swelling has improved today; however, he still has significant pain over medial aspect of his knee. On physical examination he has tenderness to palpation over medial joint line, no tenderness to palpation over patellar tendon. He has some laxity with Lachman's examination. This was same as previous exam with endpoint. He has some swelling through the knee; however, he has no ecchymosis. Radiographs show good alignment within the graft. It was opined he may have tibial collateral ligament injury versus meniscal injury. He was placed in knee immobilizer with weightbearing as tolerated.

The claimant was seen in follow-up on 05/06/11. Pain is noted to be improved. On examination he has minimal tenderness to palpation at medial joint line and negative Lachman's test. He has anterior medial rotary instability grade 2+ with some widening of medial side of joint with stress and some swelling throughout the knee. He is opined to have probable tibial collateral ligament injury with anterior medial rotary instability. He was kept in knee immobilizer and weightbearing as tolerated. He was continued in physical therapy.

The claimant was seen in follow-up on 06/10/11. He is reported to be doing well. He is working light duty. His job requires him to work if he can go back to full duty lifting 100-250 lbs which he is not sure he can do at this point. He has CTI brace for right knee which has helped significantly. He feels more comfortable walking and doing activities with it. He reports occasional catching sensation in knee overall medial aspect, otherwise no complaints. Physical examination indicates minimal tenderness over distal pole of patella and lateral knee. Otherwise there is no pain with range of motion. His incisions are well healed. Range of motion is 0-110 degrees. He will be restricted to no lifting over 50 lbs. He can return to work without restrictions. He is instructed to be careful with squatting.

The claimant was seen in follow-up on 02/20/12. He reported a lot of trouble with his knee. It is unclear as to what is going on. He thinks he has torn meniscus which is popping in and out of joint which may be his patella. He reports it pops on flexion / extension of knee. First time it happened he was getting off commode. It sounds like it is patella at this point. At any rate the popping is bothering him. It is opined MRI is unlikely to help him. On physical examination he is 6 feet tall and weighs 260 lbs. His incisions are well healed. His Lachman is grade I. Abduction is grade I. He has minimal tenderness in medial joint line. His strength is 3-4/5. His abduction to stress is 1+. He is recommended to undergo arthroscopy for evaluation.

The initial review of request was performed on 03/09/12 by non-certified the request noting there are no indications present in recent objective findings which would satisfy the criteria for meniscectomy in this patient. He notes there was no noted history of locked or blocked knee in recent medical records submitted. Recent imaging demonstrating significant changes in

patient's condition was not provided. Latest MRI submitted for review was 12/14/10 prior to patient's surgery, and latest radiograph was dated 04/29/11. He notes that there's no data establishing that the claimant has undergone and failed a course of conservative treatment and therefore the medical necessity was not established.

A subsequent appeal request was reviewed by on 03/20/12 who non-certified the request noting that the previous determination was non-certified due to a lack of documentation of conservative treatment and recent imaging and objective findings to satisfy the criteria of the surgical procedure. He notes that there is still no recent comprehensive physical examination with neurological evaluation and special orthopedic tests. There's no recent diagnostic imaging reports such as MRI submitted for review and no objective documentation regarding recent failure of response to conservative modalities such as physical therapy and medications.

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

The request for arthroscopy and possible medial meniscectomy is not supported by the submitted clinical information and the previous utilization review determinations are upheld. The submitted clinical records have indicated that the claimant is status post an ACL reconstruction with a good result ultimately. The claimant subsequently presented on 02/20/12 with complaints of popping in the knee which appears to be a patellar issue and there is no data contained in this clinical note establishing evidence of a meniscal tear and the record does not include any advanced imaging studies. The objective reports are consistent with patellar maltracking which potentially is being caused by quadriceps weakness rather than internal disruption and in the absence of imaging studies and detailed physical examination to correlate with these studies and documentation to establish the failure of interval conservative management the requested arthroscopy and possible meniscectomy is not supported as medically necessary.

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

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

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES