US Resolutions Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Jan/03/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
outpatient right knee partial medial menisectomy

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
M.D., Board Certified Orthopedic Surgeon

REVIEW OUTCOME:
Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:
[X] Upheld (Agree)
[ ] Overturned (Disagree)
[ ] Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW
Official Disability Guidelines
Notice of utilization review findings 11/21/11
Notice of utilization review findings 11/30/11
Interpretation of radiographs 10/25/11
Office notes Dr. 10/25/11 through 11/22/11
MRI right knee 11/07/11
Pre-cert request 11/15/11
Second pre-cert request with letter of reconsideration 11/22/11

PATIENT CLINICAL HISTORY SUMMARY
The claimant is a female who was injured on xx/xx/xx. Her ankle gave way causing her to fall on her knee. MRI of the right knee dated 11/07/11 reported no acute bony or periarticular soft tissue abnormalities; moderate side joint effusion; small multilocular popliteal cyst; horizontal tear involving the posterior horn and body of the medial meniscus with possible extension into the anterior horn; lateral meniscus appears intact. Signal alteration suspicious for grade 2 sprain posterior cruciate ligament; other ligaments and tendons intact; grade 3-4 chondromalacia patella. Examination of the right knee revealed an effusion, with no ligamentous instability. There was exquisite medial joint line tenderness and medium McMurray's with pain and pop. Claimant was recommended to undergo operative arthroscopy with partial medial meniscectomy.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION
This female injured her right knee when she twisted her ankle and fell. MRI of right knee revealed a horizontal tear involving posterior horn and body of medial meniscus as well as

possible grade II sprain of posterior cruciate ligament and grade III-IV chondromalacia patella. She is 5'5" tall and 189 lbs. Examination revealed effusion of the right knee with no ligamentous instability. There was exquisite medial joint tenderness and positive medial McMurray's. Previous denials have noted there is no evidence of locked/blocked knee that would obviate the need for conservative treatment. This is an injury that occurred approximately 2 ½ months ago, with no documentation of any conservative treatment completed to date. The reviewer finds no medical necessity for outpatient right knee partial medial menisectomy.

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

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

[ ] MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

[ ] MILLIMAN CARE GUIDELINES

[X] 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)