



Notice of Independent Review Decision - WC

IRO REVIEWER REPORT – WC

DATE OF REVIEW: 06/20/12

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Arthroscopy, Knee, with Lateral Release
Arthroscopy, Knee, Limited Synovectomy
Knee Arthroscopy/Debridement
Arthroscopy, Knee Surgical with Meniscectomy
Arthroscopy/Med or Lat Meniscus Repair

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

Board Certified in 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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

Arthroscopy, Knee, with Lateral Release – UPHELD
Arthroscopy, Knee, Limited Synovectomy – UPHELD
Knee Arthroscopy/Debridement – UPHELD
Arthroscopy, Knee Surgical with Meniscectomy – UPHELD
Arthroscopy/Med or Lat Meniscus Repair – UPHELD

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- MRI Final Report, M.D., 02/23/11
- General Orthopaedic Clinic Note, Health Sciences, M.D., 03/15/12, 04/30/12
- Surgeries or Procedures to be Scheduled, 04/30/12

- Pre-Authorization Request Form, 04/30/12
- Adverse Determination Letter, IMO, 05/18/12, 05/25/12

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient was injured on xx/xx/xx when she fell down some stairs at work. She had multiple injuries, including shoulder, back and left knee. The left knee was not the major part of her complaints initially. An MRI dated 02/23/11 of the left lower extremity showed no ligament or meniscal tear; partial discoid lateral meniscus on a congenital basis; mild medial and patellofemoral cartilage thinning; mild lateral gastrocnemius muscle strain and soft tissue strain posterior to the medial compartment; mild prepatellar edema; and no joint effusion. She was sent to physical therapy, which had improved her knee, but her pain flared back up. An arthroscopy with lateral release was recommended. The patient was also to be referred to neurosurgery.

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

As noted in the prior Peer Review, the medical records did not document imaging findings of abnormal patellar tilt at acute angle greater than 15 degrees, a history of recurrent dislocations, or knee pain with sitting. Therefore, at this time the patient does not meet ODG criteria for a lateral retinacular release, and I recommended non-certification of the requested surgical procedures as the previous concerns indicated in the prior Peer Review are not addressed in the medical records provided for my review. Therefore, the surgical request is recommended for non-certification.

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**