

SENT VIA EMAIL OR FAX ON  
Feb/27/2012

## Independent Resolutions Inc.

An Independent Review Organization  
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### NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Feb/22/2012

**IRO CASE #:**

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

Rt. Knee Menisectomy Chondroplasty Debridement

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

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**

OD Guidelines

Notification of adverse determination 12/22/11

Notification of reconsideration determination 01/18/12

Request for preauthorization 12/16/11

Request for preauthorization 12/29/11

Office note Dr. 12/09/11

Office notes Dr. 12/09/11

MRI right knee 10/28/11

Medical Clinic notes

Physical therapy initial evaluation, treatment records, and discharge summary 11/09/11-11/22/11

**PATIENT CLINICAL HISTORY SUMMARY**

The injured employee is a male who was injured on xx/xx/xx when stone monuments fell

against his legs. Subsequently he started getting pain in knees and thighs. He was treated conservatively with resting, ice, anti-inflammatories, and physical therapy without much improvement. He is also undergoing injections without improvement. MRI of right knee on 10/28/11 revealed patellofemoral chondromalacia; osteoarthritis particularly of the medial compartment including myxoid degenerative changes of meniscus; patella tendon lateral femoral condyle friction syndrome; joint effusion. Physical examination performed 12/09/11 reported the injured employee to be 6'4" tall and 280 lbs. There is no effusion of right knee. He has good extension, good stability, medial joint line tenderness, and pretty severe pain with McMurray's. Lateral side is not tender. The injured employee was recommended to undergo right knee arthroscopy with most likely partial medial meniscectomy.

A utilization review performed 12/22/11 determined the request for outpatient right knee medial meniscectomy, chondroplasty debridement to be non-certified as medically necessary. The reviewer noted that the injured employee complains of right knee pain per report dated 12/09/11. Upon examination there was good range of motion 0-120 degrees. There was no ligamentous laxity. There was some mild pain with stress of the medial collateral ligament. Lachman's test was negative. McMurray's test was positive on the medial meniscus but negative on the lateral meniscus. A more comprehensive physical examination with neurologic evaluation was not provided for review. There was no objective documentation regarding failure of response to evidence based conservative modalities such as physical therapy, medication and injections. No procedural notes, medication log with VAS scoring and serial physical therapy progress reports were given. Hence medical necessity has not been established.

A reconsideration request was reviewed on 01/18/12 and the request was non-certified as medically necessary. It was noted that the injured employee complains of pain at the knees and thighs. Examination reported good range of motion of 0-120 degrees with no ligamentous laxity. Lachman's test was negative. There was tenderness over the medial joint line anteriorly and over the body of the meniscus. McMurray's was positive on the medial meniscus. MRI revealed patellofemoral chondromalacia, osteoarthritis of the medial compartment, joint effusion and patellar tendon lateral femoral condyle friction syndrome. The reviewer noted there was no objective documentation regarding failure of response to evidence based conservative modalities such as physical therapy and medications and medical necessity has not been established.

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

Based on the clinical data provided, the proposed right knee meniscectomy chondroplasty is indicated as medically necessary. Claimant sustained an injury on xx/xx/xx. His condition has been refractory to conservative treatment including medications, activity modification, physical therapy, and injection. MRI of the right knee revealed chondromalacia of the patellofemoral compartment with osteoarthritis particularly of the medial compartment. Myxoid degenerative changes of the medial meniscus also were noted. A small joint effusion was noted as well as friction syndrome patellar tendon lateral femoral condyle friction syndrome. Examination revealed medial joint line tenderness as well as positive McMurray's for medial meniscus pathology. The clinical information provided is sufficient to establish medical necessity per Official Disability Guidelines. Consequently, the previous denials should be overturned on IRO.

#### **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**