

Pure Resolutions LLC

An Independent Review Organization
990 Hwy 287 N. Ste. 106 PMB 133
Mansfield, TX 76063
Phone: (817) 405-0870
Fax: (512) 597-0650
Email: manager@pureresolutions.com

NOTICE OF INDEPENDENT REVIEW DECISION

Signed electronically on: Oct/26/2012

DATE NOTICE SENT TO ALL PARTIES:

Oct/26/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Revision left knee arthroscopy, arthrotomy, saphenous nerve block with Marcaine

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

Board Certified Orthopedic Surgeon (Joint)

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 medical necessity exists for each health care service in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines
Physical therapy notes dated 01/13/12 – 03/14/12
Clinical notes dated 05/03/11 and 09/02/11
Functional capacity evaluation dated 03/28/12
Impairment rating assignment dated 01/24/12
Prior review dated 10/19/11
Handwritten clinical assessments dated 10/12/11 – 10/08/12
Operative reports dated 06/09/11 and 12/15/11
MRI of the left knee dated 02/11/11 – 06/26/11
Clinical notes dated 10/13/11 – 10/01/12
Prior reviews dated 08/01/12 – 08/24/12
Cover sheet and working documents

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who has been followed for complaints of left knee pain secondary to an injury . The patient has undergone 2 prior surgical procedures for the left knee to include left knee partial medial meniscectomy and chondroplasty with plica resection and synovectomy on 06/09/11. The patient underwent a second left knee arthroscopy with a partial medial meniscectomy and left knee chondroplasty on 12/15/11. Postoperative follow-up on 01/25/12 indicated that the patient did well with the most recent surgical intervention and had returned to work. Physical examination was within normal limits and the patient was placed at MMI on 01/24/12. The patient did report some left knee swelling as well as discomfort while squatting. An updated MRI of the left knee was completed on 06/26/12 which revealed fraying along the margins of the medial meniscal remnant. There was grade III signal in the anterior horn of the medial meniscus without discrete tearing. Grade II signal in the lateral meniscus without discrete tearing was present. Tendinosis was present at the anterior and posterior cruciate ligaments. No tearing was present. Moderate patellofemoral arthrosis was noted with grade II chondromalacia. No fissuring was present. Grade I tibial chondromalacia was present and the lateral compartment showed minimal chondromalacia and spurring. Follow-up on 07/19/12 indicated that the patient had continued left knee pain with swelling. Physical examination revealed mild effusion with range of motion restricted to 110 degrees on flexion. Mild medial tenderness was present. Radiographs performed in clinic revealed well-maintained joint spaces in the left knee. Follow-up on 08/20/12 reported no changes on physical examination. The patient was seen again on 10/01/12. Physical examination revealed range of motion limited to 100 degrees on flexion. No instability in the left knee was present and mild effusion was noted. The request for left knee arthroscopy and arthrotomy with saphenous nerve block was denied by utilization review on 08/01/12 as there were limited findings in the MRI study to suggest unstable meniscal tearing rather than persistent arthritis as the cause of the patient's continued knee symptoms. The request was again denied by utilization review on 08/24/12 as the patient's findings were consistent with osteoarthritis and there were no surgical indications per the MRI findings.

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

The request for left knee arthrotomy, arthroscopy, and saphenous nerve block with Marcaine is not recommended as medically necessary based on the clinical documentation provided for review and current evidence based guidelines. The MRI study provided for review revealed degenerative signal within the medial meniscus as well as post-surgical findings. There was extensive arthritis within the patellofemoral joint and the patient's symptoms as well as physical examination findings were more consistent with traumatic arthritis than any meniscal symptoms. The patient's recommended surgical procedures would not reasonably address the patient's osteoarthritis which is supported as the main component of the patient's current pain. Given the lack of any surgical indications for the left knee, and as the patient has not overwhelmingly responded to prior surgical interventions, a 3rd surgical intervention to the left knee to address what appears to be asymptomatic meniscal degeneration is not supported as medically necessary. As such, the prior denials are upheld.

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