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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Sep/25/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
O/P Left Knee Scope w/Men Deb 29881

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

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)

Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute. The reviewer finds medical necessity does not exist for the requested O/P Left Knee Scope w/Men Deb 29881.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:
ODG - Official Disability Guidelines & Treatment Guidelines
Concentra Medical Center progress notes 03/15/12-07/19/12
MRI left knee 03/26/12-
Operative report dated 04/25/12
Utilization review determination dated 07/30/12
Utilization review dated 08/16/12
Clinical encounter summaries 09/04/12

PATIENT CLINICAL HISTORY [SUMMARY]:
The claimant is a male whose date of injury is xx/xx/xx. The claimant states when he stood up he felt a pop in his left knee. He complains of left knee pain. MRI dated 03/28/12 revealed moderate medial compartment chondromalacia with locked bucket handle tear of the medial meniscus and horizontal cleavage tearing of the anterior half of the medial meniscal remnant. The claimant underwent left knee partial medial meniscectomy on 04/25/12. Office note dated 05/24/12 indicated that the claimant was doing well up until two nights ago when he slipped and fell and had a twisting motion to the knee. It was noted he fell directly on to the knee at that time. Physical examination at that time reported intact skin with well-healed portal sites. Range of motion was 10-90 degrees. There was no varus or valgus instability, although he does have some discomfort with touching of the MCL and LCL. There is a mild grade 2 increase in laxity of the MCL compared to the opposite side. He has tenderness around the patella medially and laterally. There is some diffuse soft tissue swelling. He has a positive apprehension sign. He has 4/5 strength of the quadriceps. It appears the claimant completed approximately 17 post-operative physical therapy visits. Claimant was seen for reevaluation on 07/19/12 with continued pain of the left knee. On examination range of motion was 0-125 degrees. There was pain with forced flexion and

extension. There was pain with resisted extension. He has tenderness to palpation along the distal quadriceps tendon. He has some mobile tissue in the suprapatellar paths. He has some mild tenderness to palpation along the medial joint line. A request for outpatient left knee scope with meniscal debridement was non-certified on 07/30/12. Reviewer noted that no post-operative imaging studies were submitted for review and medical necessity is not established.

A reconsideration request was reviewed and non-certified on 08/16/12. It was noted that the previous non-certification was due to lack of post-operative imaging studies documenting a meniscal tear. No additional clinical medical records were provided for review. Official Disability Guidelines indicate imaging findings must be provided reporting meniscal tear. There is no post-operative MRI provided demonstrating any meniscal tear. The records also do not reflect lower levels of care have been undertaken including use of non-steroidal anti-inflammatories. It was noted the claimant does not have positive McMurray's on physical examination.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:
The claimant sustained an injury on xx/xx/xx and underwent left knee partial medial meniscectomy for bucket handle meniscal tear on 04/25/12. He apparently completed 17 post-operative physical therapy visits but continued to complain of left knee pain. There is also indication of an intervening injury on 05/22/12 when the claimant slipped and fell with a twisting motion to the knee and falling directly on to the knee. Reevaluation on 07/19/12 reported range of motion 0-125 degrees, with pain on forced flexion and extension. There was tenderness to palpation along the distal quadriceps tendon, with some mobile tissue in the suprapatellar paths. There was some mild tenderness to palpation along the medial joint line. There was no indication of positive McMurray's. The claimant most recently was seen on 09/04/12 with continued complaints of anterolateral knee pain. Note indicates that a repeat MRI was obtained which did not reveal any significant meniscal tear; however, no radiology report was submitted for review. A steroid injection was administered to the right knee on this date, but no subsequent follow up indicated response to this treatment. The criteria for the requested surgery as per the ODG has not been met. The reviewer finds medical necessity does not exist for the requested O/P Left Knee Scope w/Men Deb 29881.

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)