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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Sep/17/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Left knee arthroscopy with a partial lateral and medial meniscectomy

A 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)

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
Cover sheet and working documents
Office visit notes M.D. 07/19/12-07/27/12
MRI of left knee without contrast 07/27/12
Peer review dated 08/14/12
Utilization review determination dated 08/15/12
Letter dated 08/28/12
Peer review report dated 08/29/12
Utilization review determination dated 08/30/12

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male who was injured on XX/XX/XX when he slipped on a wet dock causing his right leg to slip and his left knee to twist. The claimant is noted to have a history of previous knee arthroscopy times three between 1995 and 2000. He complains of left knee pain to the medial and lateral joint line. MRI of the left knee dated 07/27/12 revealed grade 3

tear of the body and posterior horn of both menisci. A cystic lesion was seen in the popliteal fossa. There was myxoid degeneration in the anterior horn of both menisci. Examination of the left knee reported tenderness at the lateral joint line and medial joint line. There was no swelling and no ecchymosis. Apprehension sign was negative. There was no evidence of ligamentous instability. Range of motion was normal. Medial McMurray's was positive. Lateral McMurray's was negative. Medial and lateral Apley's was negative.

A request for left knee arthroscopy with partial lateral and medial meniscectomy was reviewed on 08/14/12, and the request was non-certified as medically necessary. The reviewer noted that the claimant has not undergone any form of conservative treatment to include oral medications, physical therapy, bracing and home exercise program. As such the claimant is not a candidate for surgical intervention.

An appeal request for left knee arthroscopy with partial lateral and medial meniscectomy was reviewed on 08/29/12, and the request was determined as non-certified as medically necessary. It was noted that MRI showed meniscus tearing and arthritic changes. There's positive McMurray's on exam. Single note for review from 07/31/12 was provided, with no documentation of any attempt at conservative care. Three prior arthroscopies were noted. The prior operative notes and MRI studies were not available for review. There was no attempt at physical therapy, injections or medications in order to treat the arthritic changes and try to avoid surgery. Therefore request for surgery is not medically necessary per evidence based guidelines.

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

The request for left knee arthroscopy with partial lateral and medial meniscectomy is not supported as medically necessary based on the clinical data submitted for review. The claimant is noted to have sustained an injury to the left knee when he slipped and twisted his left knee. Records reflect that the claimant has a history of prior left knee arthroscopy times three. MRI of the left knee on 07/27/12 revealed grade 3 tears of the body and posterior horn of both menisci. Physical examination revealed positive medial McMurray's, with tenderness to palpation of the medial and lateral joint line. There is no documentation that the claimant had an appropriate trial of conservative care prior to the request for surgical intervention. The records did not indicate locked/blocked knee that would obviate the need for conservative treatment. As such medical necessity is not established for the proposed left knee arthroscopy and previous denials are upheld.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

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

[X] ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES