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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Mar/18/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: Right knee arthroscopy with medial meniscus repair

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

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 <u>each</u> health care service in dispute. It is this reviewer's opinion that the requested Right knee arthroscopy with medial meniscus repair is not medically necessary

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a xx year old female who sustained an injury on xxxx due to gradual onset. The patient did report twisting her knee while attempting to catch herself in a plane. The patient underwent MRI of the right knee on 07/18/12 which revealed marrow edema within the medial femoral condyle and edema and slight displacement of the body of the medial meniscus without suggestions for tears. No lateral meniscal pathology was identified. The patient reported complaints of popping and swelling in the right knee. Prior treatment has included cortisone injections performed in 10/11 with no significant benefit. The patient was also reported to have had surgery; however, no prior operative reports were submitted for review. The clinical report from Dr. on 09/18/12 stated that the patient had a partial medial meniscectomy performed on 06/06/12. The patient was recommended for a medial compartment unloading brace with another series of steroid injections. A corticosteroid injection was performed on 09/25/12. Follow-up on 10/31/12 reported that the patient had no response to cortisone injections. The patient was unable to use the unloader brace due to improper fit and increased swelling of the right knee. The patient was recommended for viscosupplementation injections on 10/31/12. Follow-up on 12/04/12 indicated that the patient did receive 1 Synvisc injection on 11/06/12 which was not beneficial. The patient continued to report significant knee pain despite using the unloader brace. The patient was taking anti-inflammatories and Norco for pain. The

patient's physical examination at this visit revealed an antalgic gait. No surgical recommendations were made at this visit and the patient was recommended to continue utilizing the unloader brace. Follow-up on 01/08/13 stated that the patient did have some alleviation of symptoms with the use of an unloader brace. Physical examination at this visit was limited and reported no findings. The patient was recommended for a repeat arthroscopy due to suggestion of a new tear on recent MRI studies. No updated MRI reports were provided for review. The patient returned on 02/12/13 with continued complaints of right knee pain. The report indicated that the patient was 4 months status post arthroscopy for a medial meniscectomy; however, no operative report from 10/12 was provided for review. Physical examination was again very limited and reported no significant findings.

The request for a right knee meniscal repair was denied by utilization review on 01/14/13 as there were conflicting reports regarding treatment and as no updated MRI studies were provided for review. There were also no updated exam findings to support a symptomatic right medial meniscus.

The request was again denied by utilization review on 02/01/13 as there was no updated imaging evidence of derangement that would require surgery.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: The requested right knee arthroscopy with medial meniscus repair is not supported based on the clinical documentation provided for review. The clinical documentation provides a very confusing history for the patient. The patient was reported to have multiple surgical procedures for the right knee; however, no operative reports were ever submitted for review. MRI studies from 07/12 failed to identify any surgical changes in the medial meniscus and suggested no evidence of significant pathology. It appears that updated MRI studies were performed for the right knee; however, these were not provided for review. Although the patient did not improve with injection therapy, there is no documentation regarding any physical therapy. Also, the patient's most recent physical examination findings were very limited and did not identify any pertinent objective findings that would support the surgical request. As such, it is this reviewer's opinion that the requested Right knee arthroscopy with medial meniscus repair is not medically necessary and the prior denials are upheld.

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)