

# US Resolutions Inc.

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE NOTICE SENT TO ALL PARTIES:** Jul/18/2013

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:** left knee arthroscopy with debridement and lysis of adhesions

**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:

- 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.** It is the opinion of this reviewer that the request for left knee arthroscopy with debridement and lysis of adhesions is recommended as medically necessary.

### **INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

ODG - Official Disability Guidelines & Treatment Guidelines  
Clinical notes dated 11/13/12 – 06/14/13  
MRI of the left knee dated 11/13/12  
Operative report dated 12/19/12  
MRI of the left knee dated 04/23/13  
Therapy notes dated 02/09/13 – 04/26/13  
Previous utilization reviews dated 04/12/13 & 05/22/13

**PATIENT CLINICAL HISTORY [SUMMARY]:** The patient is a male who reported an injury regarding his left knee. The MRI of the left knee dated 11/13/12 revealed a complete tear of the ACL. A complex tear of the lateral meniscus involving the anterior horn body junction was also noted. A complex tear of the posterior horn of the lateral meniscus was further noted. The clinical note dated 11/13/12 details the patient stating the initial injury occurred when he felt a pop in his left knee. The patient sustained a twisting injury to the left knee with a subsequent pop. The operative report dated 12/19/12 details the patient undergoing a partial left lateral meniscectomy and an ACL reconstruction. The clinical note dated 01/24/13 details the patient presenting for a follow up regarding the postoperative ACL reconstruction. Upon exam, +1 effusion was noted at the knee. Tenderness was noted at the anterior portion. The clinical note dated 03/14/13 details the patient continuing with a popping sound in the knee. The patient was noted to be ambulating with a noticeable limp. The patient had complaints of stiffness at the left knee despite ongoing therapy. The MRI of the left knee dated 04/23/13 revealed interval changes noted at the ACL. A grade 2 MCL sprain was noted. The clinical note dated 04/24/13 details the patient continuing with left knee pain. The clinical note dated 05/13/13 details the patient utilizing Naproxen and Hydrocodone for ongoing pain relief. The clinical note dated 06/14/13 details the patient continuing with left

knee pain. Therapy noted 04/26/13 detailed the patient completing 12 physical therapy sessions to date. Previous utilization review dated 04/12/13 detailed the patient request for left knee arthroscopy with debridement and lysis of adhesions resulting in a denial secondary to lack of confirmation regarding any diagnostic imaging and pathology. Additionally the patient had not completed a full course of conservative treatment at that time. Previous utilization review dated 05/22/13 resulted in a denial secondary to lack of documentation regarding failure of conservative care and no physical examination findings indicating functional deficit at the left knee.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:** Clinical documentation submitted for review notes the patient complaining of ongoing left knee pain despite previous surgical intervention. Official Disability Guidelines recommend arthroscopic debridement with lysis of adhesions provided that the patient meets specific criteria, including completion of all conservative treatment and significant clinical findings noted by exam and imaging studies confirm defect. The patient completed a course of physical therapy addressing left knee complaints. Additionally, the patient has ongoing joint pain and range of motion deficits to 115 degrees of flexion. The most recent MRI of the left knee revealed morphology and partial thickness tear of the anterior graft fibers and formation of a small focus of arthrofibrosis. Given the previous attempts at conservative treatment and ongoing complaints of pain with associated range of motion deficits and imaging studies confirming a partial thickness tear this request is reasonable. As such it is the opinion of this reviewer that the request for left knee arthroscopy with debridement and lysis of adhesions is recommended as medically necessary.

**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

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

MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

MILLIMAN CARE GUIDELINES

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)