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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Apr/26/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Left knee EUA, Diagnostic Arthroscopy with Meniscal Debridement vs Repair

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
Adverse determination letter 02/25/13
Adverse determination letter 04/01/13
Radiology referral form
Pre-authorization request form MRI left knee
General orthopedic clinical notes 03/15/12-02/18/13
Notice of independent review decision 06/20/12
Pre-authorization appeal request form
MRI left lower extremity 02/23/11
MRI left lower extremity 01/30/13
Physician review report 02/22/13
Physician review report 01/08/13
Physical therapy/shoulder notes 05/07/12—2/19/13
Orthopedic hand office notes 05/31/12 and 07/12/12

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a female who reportedly was injured on xx/xx/xx when she fell down stairs at work sustaining multiple injuries. The claimant complained of shoulder and back injuries as well as the left knee. Records indicated that the left knee was not the major part of her complaints initially, but the claimant stated that she had constant throbbing pain. MRI of the left lower extremity on 02/23/11 reported no ligament or meniscal tear; partial discoid lateral meniscus on a congenital basis; mild medial and patellofemoral cartilage thinning; mild lateral

gastrocnemius muscle strain and soft tissue strain posterior to the medial compartment; mild prepatellar edema; no joint effusion. Second MRI performed on 01/30/13 reported interstitial tearing of the semimembranous tendon, with no other abnormalities of the knee identified. The claimant was treated with oral medications and physical therapy. A previous request for left knee arthroscopy with lateral release, synovectomy, debridement, and meniscal repair was non-certified, and non-certification was upheld on IRO dated 06/20/12. The claimant was seen on 02/18/13 with continued complaints of left knee pain. Physical examination reported the claimant to be 5'3.5" tall and weigh 156 pounds. Left knee examination noted painful limited range of motion was well at extremes. There was positive Thessaly test laterally. McMurray test was positive medially. There was tenderness over the posterior hamstring region and also over both joint lines and the quad tendon at its insertion on the patella. There was no ligamentous laxity distress.

A request for left knee diagnostic arthroscopy with meniscal debridement versus repair was non-certified on 02/25/13 noting that MRI studies did not objectify any interarticular meniscal pathology or traumatic chondral defects with loose bodies and medical necessity of a diagnostic arthroscopy as soft tissue edema and strain were noted posterior to the joint capsule would not be medically supported.

A reconsideration request for left knee arthroscopy diagnostic arthroscopy with meniscal debridement versus repair was non-certified as medically necessary noting no additional medical records were available for review. There were no clinical findings of a meniscal tear on MRI, no positive McMurray's sign, or limited range of motion. There was no documentation of lower levels of care or cortisone injections to the knee.

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

The claimant is noted to have sustained multiple injuries secondary to a fall down stairs. Her complaints included the left knee, although, it was noted that this was not a major component of her initial presentation. She continues to complain of left knee pain. Imaging studies revealed no evidence of meniscal or ligament tear of the left knee. There was evidence of partial discoid lateral meniscus on a congenital basis. The most recent physical examination did not document range of motion measurements, noting only painful limited range of motion at extremes. Records indicate that the claimant has had physical therapy, but it is unclear how much therapy was directed to the shoulder and how much to the left knee. There is no documentation that there has been a trial of corticosteroid injections to the left knee. Based on the clinical data provided, it is the opinion of this reviewer that the proposed left knee EUA, diagnostic arthroscopy with meniscal debridement vs. repair is not supported as medically necessary.

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