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**NOTICE OF INDEPENDENT REVIEW DECISION**

**DATE NOTICE SENT TO ALL PARTIES:** Dec/03/2014

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:** right knee diagnostic arthroscopy with partial meniscectomy, possible lateral release, synovectomy, possible chondroplasty, with open MCL reconstruction - cadaver allograft with treatment as indicated

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:** D.O., 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.** It is the opinion of this reviewer that the requestions right knee diagnostic arthroscopy with partial meniscectomy, possible lateral release, synovectomy, possible chondroplasty, with open MCL reconstruction - cadaver allograft with treatment as indicated is not medically necessary

**PATIENT CLINICAL HISTORY [SUMMARY]:** The patient is a male with a date of injury of xx/xx/xx. On 02/21/14, MRI of the right knee revealed a complex tear of the mid body of the lateral meniscus. Inferiorly servicing horizontal tear of the posterior horn and mid body of the medial meniscus was identified and there was lateral compartmental chondromalacia with subchondral marrow edema and subchondral bone cyst in the lateral tibial plateau. There was minimal joint effusion and cruciate and collateral ligaments were intact. On 03/21/14, the patient was taken to surgery for examination under anesthesia, diagnostic right knee arthroscopy, complex partial lateral and medial meniscectomy. The patient returned to clinic still having pain and discomfort to the right knee. He was limping on the right and had tenderness diffusely about the anterior knee. The patient had limited range of motion in all planes and range of motion was painful in all planes. The patient had a negative anterior drawer test and no laxity on valgus stress or valgus or varus stressing was identified. On 10/06/14, the patient returned to clinic and reported worsening pain. Upon exam, his quadriceps were atrophied compared to the other leg. He had medial collateral ligament tenderness with marked pain. He had grade 2 opening on valgus stress testing at 30 degrees with pain but there was no opening at 0 degrees. He was injected at that time and started with physical therapy.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:** On 10/27/14, a utilization review determination non-certified this request, as it was determined that there was lack of imaging after his previous surgery and it was also noted that he had degenerative changes to this knee. A subsequent review on 11/07/14, also non-certified the requested service as there was no imaging studies post-operatively with findings suggesting there was medical

necessity for the requested procedure. The submitted records indicate the patient was taken to surgery on 03/21/14 at which time he had complex partial lateral and medial meniscectomies. The previous MRI of the right knee revealed that the cruciate ligaments and collateral ligaments were intact. No post-operative imaging studies were documented for this reviewer indicating other pathology in the knee. There was no evidence that he has a recurrent meniscal tear or indication of significant patellar laxity or patellar misalignment, and there is lack of indication that if he had patellar issues, those issues have been addressed by physical therapy and/or bracing. There is no indication of a need for open MCL reconstruction as the records do not indicate that the MCL is torn at this time. Therefore, it is the opinion of this reviewer that the requested right knee diagnostic arthroscopy with partial meniscectomy, possible lateral release, synovectomy, possible chondroplasty, with open MCL reconstruction - cadaver allograft with treatment as indicated is not medically necessary and the previous determinations 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

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)