

Applied Assessments LLC

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Jan/20/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Right knee arthroscopy with medial meniscectomy

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

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.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines

Operative report 01/18/13

Rehabilitation note 03/18/13 and 06/21/13

Imaging MRI right knee 07/02/13

Clinical notes 10/01/13

Clinical notes 10/31/13

Clinical notes 11/07/13

Adverse determinations 11/12/13 and 12/03/13

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who reported an injury to his right knee. Operative report dated 01/18/13 indicated the patient undergoing arthroscopic examination of the right knee. The patient also underwent meniscectomy medial meniscectomy and arthroscopic debridement damaged articular cartilage of the medial femoral condyle. Clinical rehabilitation note dated 03/18/13 indicated the patient previously undergoing a total of three recent surgeries at the right knee. The patient had three falls resulting in right knee injuries. The patient reported ongoing pain right knee pain rated as 7/10. The patient underwent or initiated post-operative physical therapy. The patient was recommended for physical post-operative physical therapy three times a week times four weeks. Clinical note dated 06/21/13 indicated the patient completing 20 physical therapy sessions to date. MRI of the right knee dated 07/02/13 revealed a stable tear at the medial meniscus along with small joint effusion. Clinical note

dated 10/01/13 indicated the patient stating the most recent injury occurred on 11/26/12 when he stepped in a hole covered by a rug resulting in a twisting injury of the right knee. The patient rated his pain as 10/10. The patient ambulated with a limp. The patient was unable to squat or crawl. Upon exam tenderness to palpation was noted at the medial joint line of the right knee. The patient demonstrated 0-120 degrees of range of motion at the right knee. Strength was 4/5 in both the quadriceps and hamstrings. Clinical note dated 10/31/13 indicated the patient rating his right knee pain as 10/10. The patient located the pain at the patella on both sides. Range of motion continued and range of motion deficits continued in the right knee. The note described the previous surgeries and mentioned that one prior surgery addressed the meniscal injury. The intended procedure was to address the tear at the undersurface of the medial meniscus. Clinical note dated 11/07/13 mentioned the patient utilizing Mobic and Ultram for pain relief. Utilization review on 11/12/13 resulted in denial for right knee meniscectomy as no the submitted MRI failed to describe the mechanically unstable lesion and no information was submitted regarding completion of any conservative care including injection. Utilization review dated 12/03/13 resulted in denial for meniscectomy as it was unclear at that time regarding the likely benefit of a fourth surgery regarding the right knee. Additionally, no information was submitted regarding an aggressive course of conservative measures.

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 right knee pain despite previous surgical intervention. Meniscectomy would be indicated provided that the patient meets specific criteria, including completion of all conservative treatment, significant clinical findings noted by exam, and imaging studies confirming pathology. Clinical note submitted clinical notes indicated the patient completing 20 physical therapy sessions to date. The patient has ongoing joint pain and swelling despite previous surgical intervention. The patient has continued medial joint line tenderness with range of motion limitations. The submitted MRI of the right knee confirmed a medial meniscus tear. Given these findings, a surgical intra meniscectomy is reasonable to address the ongoing pain with associated functional deficits. As such, it is the opinion of this reviewer that the request for right knee arthroscopy with medial meniscectomy is recommended 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