

# Pure Resolutions LLC

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

### DATE NOTICE SENT TO ALL PARTIES:

Jul/23/2014

### IRO CASE #:

### DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lt knee scope with MMD vs Repair, poss revision ACL reconstruction

### 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  
Physical therapy reports dated 03/11/14 – 04/11/14  
Clinical report by FNP dated 02/26/14  
Radiographs of the left knee dated 02/26/14  
Clinical report by FNP dated 04/15/14  
MRI of the left knee dated 04/24/14  
Prior utilization review reports dated 05/27/14 & 06/30/14

### PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who sustained an injury on xx/xx/xx when he slipped pivoting and feeling a pop in the left knee. The patient was initially seen on 02/26/14 with complaints of left knee pain despite the use of an immobilizer. The patient is noted to have had bilateral ACL repairs as well as a meniscal repair in the right knee. On physical examination, there was no overt edema in the left knee. There was tenderness to palpation along the medial joint line margin without tenderness in the lateral joint line. Full flexion was noted up to 110 degrees. There was a 5-10 degree extension lag noted. No overt joint instability was identified. The patient did ambulate with a guarded gait; however, he could tolerate full weight bearing. The patient was prescribed anti-inflammatories and referred to physical therapy. Radiographs of the left knee completed on 02/26/14 noted postoperative changes without any evidence of acute abnormality. The patient did attend physical therapy in February, March, and April of 2014. Follow up on 04/15/14 noted that the patient continued

to describe clicking sensations in the medial aspect of the left knee. Physical examination noted no guarding with ambulation. The patient was able to perform a full squat and arise without any locking. There was continued palpable tenderness along the medial joint line margin with clicking on full extension of the left knee. MRI studies of the left knee were recommended. MRI studies of the left knee dated 04/24/14 did note postoperative ACL reconstruction with intact fibers of the reconstructed ACL. There was noted intervening signal that was an element of an ACL sprain or partial tear and could not be excluded. There was meniscal degeneration with evidence of a medial meniscal tear within the posterior horn. This finding was linear in nature extending towards the superior articular surface as well as extending into the inferior articular surface consistent with a small complex tear.

The requested left knee arthroscopy with MDD versus repair and possible revision of the ACL reconstruction was denied by utilization review on 05/27/14 as the patient was able to perform a full squat and arise without any acute locking on the most recent physical examination. Due to the lack of instability and symptomatic meniscal findings, the surgery was not recommended.

The request was again denied by utilization review on 06/30/14 as there was no evidence of instability and no indications of a meniscal tear on MRI.

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

The patient presented with a recurrence of left knee pain following a slip injury. The patient initially presented with complaints of catching in the left knee. Conservative treatment to date did include a referral to physical therapy for 3 months as well as the use of anti-inflammatories. MRI studies of the left knee did not identify a clear disruption of the ACL reconstruction but did note a small complex type tear of the posterior horn of the medial meniscus. The most recent physical examination findings for the patient however did not identify any clear evidence of instability or findings consistent with meniscal symptoms. The patient was able to perform a full squat with return to a standing position without any indication of locking. McMurray's sign was negative on the last evaluation. Given the insufficient objective findings to support a symptomatic meniscal tear or evidence of a possible disruption of the previous ACL repair, it is this reviewer's opinion that the proposed surgical procedures would not be medically necessary at this point in time. As such, the prior denials are upheld.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

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

**ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**