

IRO REVIEWER REPORT TEMPLATE -WC

INDEPENDENT REVIEWERS OF TEXAS, INC.

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Notice of Independent Review Decision

[Date notice sent to all parties]:

07/09/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: left knee arthroscopy w/ aspiration of cyst 29881 20600

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)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

X-ray left knee 01/27/14

MRI left knee 02/26/14

Clinical note 03/25/14

Adverse determinations 04/08/14 and 05/06/14

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who reported an injury to his left knee when he subsequently turned and twisted the left knee resulting in a popping sensation. X-rays of the left knee dated xxxx revealed left knee joint effusion. The MRI of the left knee dated 02/26/14 revealed a complex tear of the posterior horn of the medial meniscus. An

avulsion of the body of the meniscus was also revealed with a displaced fragment in the midline of the joint. A horizontal tear was identified at the anterior horn of the medial meniscus as well. Severe tricompartmental degenerative joint disease and osteoarthritis affecting the medial compartment the greatest was also revealed. Moderate sized Baker cyst with large knee joint effusion was revealed. A clinical note dated 03/25/14 indicated the patient complaining of swelling and popping and catching sensation. The patient stated that there was an intermittent feeling of the knee buckling out. Upon exam the patient was identified as ambulating with antalgic gait and limp favoring the left leg. Crepitation was identified at the patellofemoral joint with tenderness at the medial joint line. Pain was elicited with flexion and rotation of the medial joint line. The patient was unable to squat. The patient stated that he had previous symptoms at the left knee that were described as minimal. However following the twisting type injury increase in pain with a buckling and swelling was revealed was indicated.

The Utilization reviews dated 04/08/14 and 05/06/14 resulted in denials for surgical interventions at the left knee as no information was submitted regarding completion of any conservative treatment.

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

The clinical documentation indicates the patient complaining of left knee pain. There is an indication the patient is complaining of a catching sensation at the left knee. A meniscectomy is indicated for patients who have completed all conservative treatments. The submitted MRI revealed meniscal tear. The patient has definitive evidence of a meniscal tear. However, no information was submitted regarding previous completion of any conservative treatments. No information was submitted regarding activity modifications including the use of a knee immobilizer. Given the lack of significant findings confirming the completion of all conservative treatment, the request is not indicated. There as such, it is the opinion of this reviewer that the request for a left knee aspiration and arthroscopic procedure is rendered non is recommended is not recommended as medically necessary.

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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

Meniscectomy

ODG Indications for Surgery -- Meniscectomy:

Criteria for meniscectomy or meniscus repair (Suggest 2 symptoms and 2 signs to avoid scopes with lower yield, e.g. pain without other symptoms, posterior joint line tenderness that could just signify arthritis, MRI with degenerative tear that is often false positive).

Physiologically younger and more active patients with traumatic injuries and mechanical symptoms (locking, blocking, catching, etc.) should undergo arthroscopy without PT.

1. Conservative Care: (Not required for locked/blocked knee.) Exercise/Physical therapy (supervised PT and/or home rehab exercises, if compliance is adequate). AND (Medication. OR Activity modification [eg, crutches and/or immobilizer].) PLUS

2. Subjective Clinical Findings (at least two): Joint pain. OR Swelling. OR Feeling of give way. OR Locking, clicking, or popping. PLUS

3. Objective Clinical Findings (at least two): Positive McMurray's sign. OR Joint line tenderness. OR Effusion. OR Limited range of motion. OR Locking, clicking, or popping. OR Crepitus. PLUS

4. Imaging Clinical Findings: (Not required for locked/blocked knee.) Meniscal tear on MRI (order MRI only after above criteria are met). (Washington, 2003)

For average hospital LOS if criteria are met, see Hospital length of stay (LOS).

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