

# IRO Express Inc.

An Independent Review Organization

2131 N. Collins, #433409

Arlington, TX 76011

Phone: (817) 349-6420

Fax: (817) 549-0310

Email: resolutions.manager@iroexpress.com

## NOTICE OF INDEPENDENT REVIEW DECISION

### DATE NOTICE SENT TO ALL PARTIES:

Mar/14/2014

### IRO CASE #:

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

1 complete blood count (CBC) Test; 1 electrocardiogram (EKG); 1 Right knee arthroscopy with partial lateral meniscectomy; 1 basic panel test

### 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:

#### PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who reported an injury to his right knee. The patient fell and struck his right knee. The clinical note dated xx/xx/xx indicates the patient was able to run. Subsequent to the initial incident, the patient was administered oxygen and was taken to the emergency room. The patient further reported a head injury. The patient was diagnosed with a ligament and meniscus injury. Upon exam, the patient was ambulating with an antalgic gait favoring the right side. Laxity was identified at the medial collateral ligament. The note mentions the patient having a positive McMurray's sign at that time. The MRI of the right knee dated 05/22/13 revealed a lateral patella subluxation and tilt of the tibial tubercle trochlear groove. Findings were also consistent with a contusion of the anterior horn of the lateral meniscus with fraying of the portion of the meniscus with a small non-linear tear not excluded. The clinical note dated 06/03/13 mentions the patient continuing with right knee pain. The peer review dated 06/6/13 indicates the patient utilizing a knee brace. The designated doctor evaluation dated 09/11/13 indicates the patient continuing with a limp favoring the right side. The patient continued with the use of a right knee brace. The patient was able to demonstrate 0-120 degrees of range of motion at that time. The designated doctor evaluation dated 12/13/13 mentions the patient rating the right knee pain as 5-8/10. The clinical note dated 01/16/14 mentions the patient being recommended for a meniscectomy.

The utilization review dated 01/28/14 resulted in a denial for the requested surgery as inadequate information was submitted confirming the patient's completion of all conservative treatments and the MRI reported no meniscal tear.

The utilization review dated 02/11/14 resulted in a denial as the MRI revealed no meniscal tear.

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

The documentation indicates the patient complaining of right knee pain with associated range of motion deficits. An arthroscopic meniscectomy would be indicated provided the patient meets specific criteria to include imaging studies revealing a definitive tear at the meniscus. There is mention in the submitted MRI regarding a possible tear of the lateral meniscus. However, no definitive findings were provided. Given that no evidence was submitted confirming the patient's meniscal tear, this request is not indicated as medically necessary. The additional requests for a CBC, EKG, and BMP are subsequently rendered non-certified. As such, it is the opinion of this reviewer that the request for a complete blood count, electrocardiogram, right knee arthroscopy with a partial lateral meniscectomy, and a basic panel test is not recommended as medically necessary.

**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**