

Independent Resolutions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Feb/18/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Outpatient Left knee, arthroscopic, partial medial/lateral minisectomy

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

Clinical notes 09/09/13

Clinical notes 09/17/13

Clinical notes 09/24/13

Clinical notes 10/08/13

Clinical notes 10/22/13

Clinical notes 10/29/13

Clinical notes 11/18/13

Clinical notes 12/16/13

Clinical notes 01/15/14

Therapy notes 09/17/13

MRI left knee 10/16/13

MRI lumbar spine 10/16/13

Adverse determinations 12/09/13 and 01/21/14

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female who reported an injury to her left knee, neck, and mid back when she had a fall over a bag of potatoes. Clinical note dated 09/09/13 indicated the patient complaining of left knee, left knee pain. The patient demonstrated 0-90 degrees of range of motion at the left knee. Clinical note dated 10/08/13 indicated the patient having a difficult time dealing with stairs. The patient also noted difficulty with completing her activities of daily

living. Numbness and tingling were noted in the low back. Upon exam decreased range of motion continued at the left knee. Pain was elicited with range of motion testing. The patient utilized Norco and Naproxen for ongoing pain relief. Clinical note dated 10/16/13 revealed undersurface tear involving the posterior horn of the medial meniscus. No lateral meniscus tear was noted. Clinical note dated 11/18/13 indicated the patient undergoing a course of physical therapy. The patient stated that she was also involved in a home exercise routine. The patient was upon exam the patient was noted to have a positive McMurray sign at the medial joint line. Clinical note dated 12/16/13 indicated the patient continuing with left knee pain with associated range of motion deficits. X-ray of the left knee revealed osteoarthritis at the patellofemoral joint. Clinical note dated 01/15/14 indicated the patient continuing with 9/10 pain at the left knee. Utilization review dated 12/09/13 resulted in a denial for a lateral and medial meniscectomy as no information was submitted regarding lateral meniscus tear or completion of any conservative treatment. Clinical note dated 01/21/14 resulted in denial for a lateral and medial meniscectomy as no documentation was submitted regarding findings of a lateral positive McMurray sign on the lateral side. Additionally the submitted MRI revealed no tear of the lateral meniscus.

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

A meniscectomy would be indicated provided that the patient meets specific criteria, including completion of all conservative treatment, imaging studies confirm the patient's pathology and clinical exam findings indicating the likely benefit of a meniscectomy. No information was submitted regarding imaging studies confirming any findings involving the lateral meniscus. Additionally, no clinical findings were submitted confirming lateral meniscus involvement. As such, it is the opinion of this reviewer that the request for a left knee arthroscopic partial medial and lateral meniscectomy 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