



Notice of Independent Review Decision - WC

DATE OF REVIEW:

04/30/14

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Outpatient Right Lateral Meniscectomy

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

Board Certified in Orthopedic Surgery

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 or not medical necessity exists for each of the health care services in dispute.

Outpatient Right Lateral Meniscectomy – UPHELD

INFORMATION PROVIDED TO THE IRO FOR REVIEW

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient reported injuries sustained to him while working within the course and scope of his employment on xx/xx/xx. His mechanism of injury was that of stepping with his right foot causing him to slip causing him to fall backward. As he fell backward, he remained with his right foot and right leg being caught. He fell backwards towards his left side severely twisting and jerking his right knee. On 06/19/13, he underwent a right knee arthroscopic partial lateral

meniscectomy and anterolateral synovectomy decompression. An MRI of the right knee on 12/18/13 showed changes of partial lateral meniscectomy; post-surgical versus post-traumatic interstitial tearing/thickening of the extensor mechanism; post-surgical fenestration of the lateral patellofemoral retinaculum; and high lateral femorotibial compartment chondrosis. Physical therapy, anti-inflammatories, and knee brace were utilized. A repeat right lateral meniscectomy was ordered.

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

The requested arthroscopic lateral meniscectomy is not medically necessary. The two prior Peer Reviews that denied the request were correct, and the current medical records do not adequately document the claimant having failed a current course of conservative treatment since the new injury where the claimant fell on the knee. Lacking documentation of appropriate conservative treatment with rehabilitation, as recommended by Official Disability Guidelines, the arthroscopic lateral meniscectomy is not medically necessary.

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

- DWC - DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES**
- MEDICAL JUDGMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- ODG - OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**