

Independent Resolutions Inc.

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Apr/28/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Left knee arthroscopy and meniscal debridement with possible chondroplasty and microfracture

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]:

Claimant is a male who was reportedly injured on xx/xx/xx when he was kneeling at work and when he stood up, his knee locked. MRI of left knee was performed on 12/21/13 and 12/23/13 and both revealed moderate degenerative joint disease with grade 2 chondromalacia and a tear of the lateral meniscus. Claimant has tried activity modification, physical therapy, and a steroid injection which reportedly provided relief of his knee pain. However, according to the clinical notes provided, his mechanical symptoms have returned and he has had some locking episodes of the knee with a feeling of instability. Physical exam dated 03/06/13 revealed range of motion with flexion of the left knee from 0-120, good sensory recognition to light touch through lower extremity, and strength of 5/5 with flexion and extension. There was noted to be no hamstring or quadriceps weakness. The knee was noted to be stable to varus and valgus stress. The claimant's current medications are noted to be amlodipine, ibuprofen, Lipitor, Penicillin, Simvastatin, Terazosin, Trazodone, Viagra, and Zocor. The treating physician has recommended a left knee arthroscopy and meniscal debridement with possible chondroplasty and microfracture.

In a utilization review determination letter dated 03/11/14, the left knee arthroscopy and meniscal debridement with possible chondroplasty and microfracture was denied because the claimant had achieved normal left knee function following conservative care. There was

no swelling or effusion noted in physical exam to justify the procedures.

In an appeal determination letter dated 03/21/14, the denial of the left knee arthroscopy and meniscal debridement with possible chondroplasty and microfracture was upheld because according to Official Disability Guidelines, criteria for a meniscectomy include clinical findings of joint pain, swelling, or feeling of giving way. Criteria for chondroplasty included subjective findings of swelling plus objective findings of effusion or limited range of motion and criteria for a microfracture surgery including requirements of conservative care, a minimum of 2 months, and subjective clinical findings of joint pain and swelling. Because the most recent documentation noted that patient had no swelling or effusion and had full range of motion, the requested service did not meet guideline criteria.

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

The clinical notes submitted for review did not contain any additional information that would substantiate the medical necessity for the left knee arthroscopy and meniscal debridement with possible chondroplasty and microfracture. As per the most recent clinical notes, the physical exam revealed good range of motion with flexion of the left knee from 0-120, good sensory recognition to light touch through lower extremity, and strength of 5/5 with flexion and extension. It was noted that claimant had good response to physical therapy and injection. Official Disability Guidelines criteria for meniscectomy requires clinical findings of joint pain, swelling or giving way. Criteria for chondroplasty includes subjective findings of swelling plus objective findings of effusion or limited range of motion. There were no findings of swelling noted on most recent physical exam and no limited range of motion. Criteria for a microfracture surgery includes requirements of conservative care, a minimum of 2 months, and subjective clinical findings of joint pain and swelling, along with objective clinical findings including small full thickness chondral defect on the weight bearing portion of the medial or lateral femoral condyle AND knee is stable and intact AND normal knee alignment AND normal joint space AND ideal age. The clinical notes do not document subjective complaints of joint pain or swelling, nor were those noted on physical exam. Further, this claimant is above the recommended ideal age as per guidelines for microfracture surgery. As such, it is this reviewer's opinion that the medical necessity of the left knee arthroscopy and meniscal debridement with possible chondroplasty and microfracture has not been established and the prior denials are upheld.

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

ACOEM-AMERICA COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE

AHCPR-AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES

DWC-DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN

INTERQUAL CRITERIA

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

MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

MILLIMAN CARE GUIDELINES

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

TEXAS TACADA GUIDELINES

TMF SCREENING CRITERIA MANUAL

PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)