

True Decisions Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Sept/22/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Right knee partial medial meniscectomy and chondroplasty with micro lateral femoral condyle

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

Board Certified Orthopedic Surgeon (Joint)

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.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who sustained an injury on xx/xx/xx when he fell injuring his right knee and right shoulder. The patient is noted to have undergone a prior right shoulder rotator cuff repair on 01/03/14 followed by postoperative physical therapy through May of 2014. In regards to the patient's right knee complaints, the patient is noted to have previously utilized Norco for pain. A majority of the patient's initial treatment was for the right shoulder. The patient reported continuing locking episodes in the right knee following rehabilitation for the right shoulder. The patient was reported to have failed conservative management. It is noted the patient utilized anti-inflammatories for both right shoulder and right knee complaints. MRI studies of the right knee completed on 11/12/13 noted a blunted and diminutive medial meniscus at the posterior horn consistent with a prior partial meniscectomy. There did appear to be some faint horizontal linear signal within the medial meniscal body extending to the free edge possibly consistent with a non-displaced tear. There was mild degeneration of the lateral meniscus with under surface fraying. At the lateral femoral condyle, there was a 15 x 5mm full thickness cartilage defect with grade 2-3 chondromalacia in the medial compartment. There was fissuring 5mm in the deep cartilage in the medial compartment. As of 08/20/14, the clinical documentation did not indicate the patient had any prior formal physical therapy but had been working with a home exercise program. Despite this, the patient continued to have locking and mechanical knee symptoms with some giving way. On physical examination, there were positive McMurray's and medial joint line tenderness findings. No instability was noted and there was trace effusion present.

The requested right knee partial medial meniscectomy with chondroplasty at the lateral femoral condyle was denied by utilization review on 06/06/14 as there were no MRI studies available for review and minimal documentation regarding conservative treatment including physical therapy.

The request was again denied by utilization review on 07/23/14 as there was no documentation regarding physical therapy, exercise programs, medication management, or activity modifications.

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

In regards to the requested right knee partial medial meniscectomy with chondroplasty at the lateral femoral condyle, the clinical documentation provided for review did include MRI studies of the right knee which noted a large 15 x 5mm full thickness cartilage defect in the lateral femoral condyle. There were changes to the medial meniscus suggesting a prior partial meniscectomy; however, there was horizontal tearing noticed, possibly consistent with horizontal tearing. The patient's physical examination findings did note positive medial joint line tenderness to palpation with a positive McMurray's sign. The clinical documentation indicated that despite activity modifications, the use of anti-inflammatories, or an ongoing home exercise program, the patient continued to have pain in the right knee with locking and mechanical knee symptoms. Given the patient's physical examination and imaging findings which are consistent with a symptomatic lateral femoral condyle chondral tear as well as a medial meniscal tear and the failure of conservative treatment to include a dedicated home exercise program, medications, and activity restrictions, the prior reviewer's concerns have been addressed. Therefore, it is this reviewer's opinion that the request is consistent with current evidence based guideline recommendations. As such, the requested procedures would be medically necessary and the prior denials are overturned.

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