

IRO Express Inc.

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Oct/20/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Medial and lateral meniscal repair versus meniscectomy

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.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who reported an injury on xx/xx/xx. The patient initially presented with complaints of left knee pain that was moderate to severe and contributed to locking popping joint instability and crepitus. The patient indicated that a very heavy weight fell on his left lower extremity on the date of injury. Medications included indomethacin and hydrocodone. The patient had been non-weight bearing with radiographs ruling out any extensive fractures of the left lower extremity. The patient was referred for physical therapy which was discontinued by early 06/14. The patient reported substantial improvement with physical therapy. As of 06/19/14 the patient reported a recurrence of symptoms in the left knee including popping crepitus limited range of motion and stiffness. The patient was still utilizing indomethacin and tramadol for pain relief. Physical examination noted painful range of motion both actively and passively involving the left knee. No loss of range of motion was identified. No weakness was present. No weakness was present. There was no evidence of instability positive McMurray signs either medially or laterally and no indication of any substantial joint line tenderness. MRI was ordered in 06/14. MRI of the left knee from 07/02/14 noted minimal edema in the medial collateral ligament. No disruption of the ligamentous complexes were noted. There was a horizontal increased signal within the body and posterior horn of the medial meniscus with no discrete articular surface disruption. There was a horizontal cleavage tear of the superior third body of the superior third of the body of the lateral meniscus at the anterior horn without displaced fragment. The most recent evaluation on 07/21/14 noted painful range of motion in the left knee both actively and passively. There was still negative provocative testing without evidence of medial joint line tenderness. No loss of range of motion was identified. The requested medial and lateral

meniscectomy versus meniscal repair was denied by utilization review on 07/29/14 as there was lack of documentation of non-operative treatment and physical examination findings noted full range of motion both passively and actively. The request was again denied by utilization review on 09/02/14 as there were negative findings for symptomatic meniscal pathology to support the surgical request. In this case.

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

In this case the patient is a younger male who described locking popping and joint instability in the left knee that has failed conservative treatment including physical therapy and anti-inflammatories. Although surgical considerations are recommended for younger patients the clinical documentation submitted for review would not support surgical intervention in this case. Physical examination findings are essentially unremarkable for any meniscal pathology that is symptomatic. The patient has negative provocative finding no evidence of instability no evidence of locking and no joint line tenderness. Medially MRI provided for review noted a horizontal signal that did not extend to the articular surfaces. In the lateral side there was a cleavage type tear with no extension of fragments. In this case physical examination findings were unremarkable to the extent where surgical intervention would not be supported by guidelines. Therefore it is the opinion of this reviewer that medical necessity in this case 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:

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

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES