

# I-Resolutions Inc.

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE NOTICE SENT TO ALL PARTIES:** Sep/18/2014

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:** left knee scope, partial medial and lateral menisectomies, abrasion chondroplasty (MFC and LFC patella and notch), synovectomy and possible lateral release

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:** M.D., Board Certified 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 medical necessity exists for each health care service in dispute.** It is the opinion of this reviewer that the request for a left knee scope, partial medial and lateral menisectomies, abrasion chondroplasty (MFC and LFC patella and notch), synovectomy and possible lateral release is not recommended as medically necessary.

**PATIENT CLINICAL HISTORY [SUMMARY]:** The patient is a male who reported an injury to his left knee when he had been pushing an object and felt a big pop. The clinical note dated 02/13/14 indicates the patient complaining of nighttime pain, with decreased range of motion as well as instability. The patient stated the knee was buckling. Upon exam, effusion was identified throughout the left knee. The patient was identified as having a positive anterior drawer and Lachman's sign. The patient was also identified as having a positive McMurray's sign. The MRI of the left knee dated 02/19/14 revealed moderate joint effusion. A slight medial patellar subluxation was identified with medial and suprapatellar plica. Chondral thinning was identified at the lateral patella facet. Grade 4 chondromalacia was also revealed. Small osteochondral defects were identified at the medial compartment and the anterior most aspect of the lateral compartment. A slight diminutive appearance was identified at the one third posterior horn and the root junction of the medial meniscus with a horizontal oblique tear. A subtle oblique tear was identified at the lateral meniscus. Tricompartmental osteophyte changes were also revealed. The clinical note dated 03/06/14 indicates the patient doing poorly since the initial injury. The patient was being recommended for a surgical intervention at that time. The clinical note dated 05/13/14 indicates the patient continued to be recommended for a surgical intervention. The patient was being recommended for an arthroscopic surgery. The note does indicate the patient having been treated with anti-inflammatory medications as well as rest with no significant benefit. The IME dated 06/03/14 indicates the patient continuing with complaints of severe pain with a giving way sensation and swelling.

The IME does recommend the patient for a surgical intervention to include an arthroscopic meniscectomy. The clinical note dated 08/07/14 indicates the patient continuing with a

significant tear at the left knee involving the posterior horn of the medial meniscus. The patient continued with complaints of pain, specifically with ambulation. Pain was elicited at the medial and lateral joint lines along with locking, catching, and giving way.

The utilization review dated 05/30/14 resulted in a denial as no information had been submitted regarding the patient's completion of any conservative treatments.

The utilization review dated 07/08/14 resulted in a denial as no information had been submitted regarding the patient's completion of a full course of conservative therapy.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:** The documentation indicates the patient complaining of ongoing left knee pain with associated functional deficits to include a locking, popping, and catching sensation. The MRI did reveal a tear at the posterior horn of the medial meniscus. Therefore, the patient would likely benefit from a meniscectomy. However, no information was submitted regarding the patient's previous completion of any conservative treatments to include physical therapy. There is an indication the patient had undergone the use of non-steroidal medications. However, without information confirming the patient's completion of any conservative treatments to include physical therapy, this request is not indicated as medically necessary. As such, it is the opinion of this reviewer that the request for a left knee scope, partial medial and lateral meniscectomies, abrasion chondroplasty (MFC and LFC patella and notch), synovectomy and possible lateral release is not recommended as medically necessary.

**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)