

# I-Resolutions Inc.

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE NOTICE SENT TO ALL PARTIES:** Apr/06/2015

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:** right knee arthroscopy, medial meniscus debridement, open OATS procedure

**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 right knee arthroscopy, medial meniscus debridement, and open OATS procedure is not medically necessary

**PATIENT CLINICAL HISTORY [SUMMARY]:** The patient is a male. On 10/08/14, a MRI of the right knee revealed medial meniscus posterior horn and posterior horn/body junction complex tear, minimal impaction fracture of the medial femoral condyle central weight bearing surface with associated overlying partial thickness focal chondral defect, bony contusion of the medial tibial plateau and epiphysis along the posterior margin, MCL grade 1 sprain, ACL grade 1 sprain, ACL fibers appeared to remain intact, popliteal grade 1 strain, and small joint effusion. On 09/17/14, 09/19/14, 09/22/14, 09/24/14, the patient was seen in physical therapy.

On 02/12/15, the patient was seen in clinic for orthopedic follow up with pain rated 7/10. Right knee exam revealed 5/5 strength and range of motion was 0-130 degrees with no varus or valgus instability. There was tenderness to palpation along the medial joint line and moderate sized diffusion. There was positive Apley with some crepitus and pain with forced flexion. The treating provider stated that the MRI showed near full thickness chondral defect measuring approximately 5x5mm.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:** On 02/20/15, utilization review determination was submitted for the requested right knee arthroscopy, medial meniscus debridement, and open OATS procedure with assistant surgeon. While the meniscal procedure was supported, the oats procedure not supported and therefore the request was non-certified. There was lack of clinical documentation of previous subchondral drilling or micro fracture technique and there was lack of a large full thickness chondral defect measuring less than three sonometers in diameter and one sonometer in bone depth on the weight bearing portion of the medial or lateral femoral condyle. On 02/27/15, utilization review determination noted while right knee arthroscopy with medial meniscus debridement would be supported due to clinical documentation of meniscal pathology, there would be lack

of support for the oats procedure due to lack of clinical documentation of pathology. Guideline criteria for an oats procedure would include failure of previous subchondral drilling or micro fracture technique with evidence of a large full thickness chondral defect measuring less than three sonometers in diameter and one sonometer in bone depth on the weight bearing portion of the medial or lateral femoral condyle. MRI of the right knee revealed minimal impaction fracture of the medial femoral condyle central weight bearing surface with associated overlying partial thickness focal chondral defect but this is not otherwise described. The meniscus pathology is identified, but there is lack of documentation regarding the chondral defect. Therefore, it is the opinion of this reviewer that the request for right knee arthroscopy, medial meniscus debridement, and open OATS procedure is not medically necessary and 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)