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***An Independent Review Organization***

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## ***Notice of Independent Review Decision***

### ***Review Outcome:***

***A description of the qualifications for each physician or other health care provider who reviewed the decision:***

Orthopedic Surgery

### ***Description of the service or services in dispute:***

Left knee arthroscopic medial meniscectomy, possible chondroplasty

***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)

### ***Patient Clinical History (Summary)***

Patient is a female who reported that on xx/xx/xx she was working with a x using a x with a x, and the x went under a large rug jarring her, and she reported pain to the left side of her knee. On 04/20/15, the patient was seen in clinic and stated that she caught the cane under the rug jarring her and causing her to fall onto her left knee. She complained of left knee anterior, and medial knee pain. There was mild swelling with no bruising on exam. X-rays were obtained showing no obvious fractures. On 05/28/15, an MRI of the left knee was obtained revealing a tear of the posterior horn of the medial meniscus. There was abnormal signal throughout the anterior cruciate stated to be indicating a prior injury with partial thickness tearing, worse proximally and a ganglion cyst formation but there was no complete disruption of the anterior cruciate ligament at that time. There was focally advanced chondromalacia along the mid-pole of the medial patella facet with moderate to advanced chondromalacia along the lateral patella facet. On 06/01/15, the patient returned to clinic. On exam, she had full flexion and extension of the left knee and there was no significant laxity noted. She did have a positive McMurray's test. MRI was reviewed. It was noted she was undergoing physical therapy with no improvement, and surgery was recommended.

***Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.***

On 06/05/15, a notification of adverse determination letter was submitted for the requested left knee arthroscopic medial meniscectomy with possible chondroplasty and it was noted the patient had a medial meniscal tear on MRI with a positive McMurray's with medial joint line tenderness. However, there was a lack of documentation indicating the patient had adequate conservative treatment other than physical therapy as the date of injury was 04/17/15. Therefore the request for a medial meniscectomy was not supported. The request for a chondroplasty was not supported. The recommendation was for non-certification. On 07/02/15, a notification of reconsideration determination letter was submitted noting the requested left knee arthroscopic medial meniscectomy with possible chondroplasty on appeal was not supported. It was noted the MRI reported a medial meniscal tear but there was no documentation of a chondral defect and the patient had undergone physical therapy but no physical therapy progress notes were provided for review to indicate the amount and outcome of physical therapy. Additionally, there was a lack of documentation of feelings of giving way, locking, clicking or popping and the appeal was non-certified.

For this review, the records indicate the patient has had physical therapy with a total of 3 visits as per the

06/01/15 progress note. The MRI while showing the tear of the medial meniscus, does show focally advanced chondromalacia along the lateral and medial patellar facets. The guidelines state that a meniscectomy may be reasonable for patients who have objective findings such as a positive McMurray's, or joint line tenderness, and positive imaging findings and documentation of conservative care unless the knee is locked or blocked. Conservative care would include exercise and physical therapy. For the chondroplasty, guidelines recommend conservative care such as medication or physical therapy, clinical findings including joint pain and/or swelling, and/or effusion or crepitus or limited range of motion and a chondral defect should be seen on MRI. No frank chondral defects have been noted on MRI, and with only 3 physical therapy visits to date, there is a paucity of information regarding conservative measures for this individual. Therefore it is the opinion of this reviewer that the request for a left knee arthroscopic medial meniscectomy with possible chondroplasty is not medically necessary 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 and Environmental Medicine um
- knowledgebase AHCPH-Agency for Healthcare Research and Quality Guidelines
- DWC-Division of Workers Compensation Policies and Guidelines
- European Guidelines for Management of Chronic Low Back Pain
- Interqual Criteria
- Medical Judgment, Clinical Experience, and expertise in accordance with accepted medical standards Mercy Center Consensus Conference Guidelines
  
- Milliman Care Guidelines
- ODG-Official Disability Guidelines and Treatment Guidelines
- Pressley Reed, the Medical Disability Advisor
- Texas Guidelines for Chiropractic Quality Assurance and 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)