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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:**

Right knee scope meniscectomy, assistant surgeon

**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)**

The patient is a female who was injured on xx/xx/xx when she slipped and fell twisting her right knee. The patient reported feeling a snap and a pop with associated pain and swelling in the right knee. The patient is status post right knee diagnostic arthroscopy for debridement of chondromalacia in the medial femoral condyle, partial synovectomy of the medial compartment, partial medial meniscectomy of the lateral compartment, as well as debridement of the undersurface of the patella with a synovectomy of the patella femoral compartment completed on 10/15/14. The patient did have postoperative MRI studies of the right knee dated 12/08/14 which noted a focal radial tear in the medial meniscus with mild intrasubstance degeneration with a medial extrusion. There was cartilage loss noted at the tibiofemoral articular surface. Chondral thinning was noted in the patella femoral articulation. Some reactive bone marrow edema was noted at the medial femoral condyle as well as the tibial plateau. There was a 4.5mm popliteal cyst noted. It is noted the patient utilized an unloader brace postoperatively. The patient did have an MR arthrogram study of the right knee completed on 05/19/15 which found irregularity in the posterior horn of the medial meniscus possibly due to postoperative changes versus a chronic tear. No acute tearing was evident. There was mild loss of the medial joint space with articular cartilage loss. Minimal osteoarthritic findings in the lateral compartment were evident. There was some loss of the cartilage in the medial facet of the dorsal patella. A small Baker's cyst was present. The patient was followed postoperatively. Despite surgery, the patient continued to describe right knee pain. The 06/10/15 clinical report did indicate that he wanted the radiologist to re-read the report to see if there was anything that could be added to the MR arthrogram study of the right knee. The 07/01/15 evaluation noted good range of motion in the right knee with some pain on terminal flexion. There was no instability evident. There was pain described with McMurray's maneuver; however, Lachman's signs were negative. The patient was recommended for a steroid injection pending surgical intervention.

The requested right knee arthroscopy with a meniscectomy and an assistant surgeon was denied by utilization review on 05/28/15. The report indicated that there were no clear findings compatible with a symptomatic meniscal tear medially on physical examination. MRI studies also were unable to find evidence of an acute meniscal tear.

The request was again denied on 06/05/15 as there was limited documentation regarding interval conservative treatment following the 1st surgery. There was no clear evidence of an acute meniscal tear

contributing to the patient's pain.

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

The patient has had persistent right knee pain despite a previous surgical intervention completed in October of 2014. Postoperative imaging studies have failed to identify any clear evidence of an acute meniscal tear. Some suspicion of a chronic meniscal tear versus postoperative changes was noted on the most recent MR arthrogram study. There were no radiological addenda or over read reports available for review defining further pathology that would reasonably support that the patient is a surgical candidate. Although the patient still had pain with McMurray's testing on the most recent physical examination findings, there was no significant loss of range of motion or any gait issues. The clinical documentation did not describe specific conservative efforts following the last surgical intervention to the present time. Overall, the prior reviewer's concerns have not been addressed with the clinical documentation available for review. Therefore, it is this reviewer's opinion that medical necessity for the request 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:***

- ACOEM-America College of Occupational and Environmental Medicine um
- knowledgebase AHCPR-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)