

The DYLL REVIEW

We take the worry out of Peer Reviews

25 Highland Park Village #100-177 Dallas TX 75205
Phone: 888-950-4333 Fax: 888-9504-4443

Notice of Independent Review Decision

July 29, 2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Medical Necessity of Left Knee Scope and partial medial meniscectomy and chondroplasty 29881 29877

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

The physician performing this review is Board Certified, American Board of Orthopedic Surgery. The physician has been in practice since 1998 and is licensed in Texas, Oklahoma, Minnesota and South Dakota.

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 of the health care services in dispute.

Upon independent review the physician finds that the previous adverse determination should be ~ Partially Overturned

While I agree there is no MRI evidence for conclusive need for meniscectomies or chondroplasties, the patient has clearly had a lengthy course of conservative care with medications as well as physical therapy, and he continues to have pain and restricted range of motion of the knee. As a consequence of this, the claimant meets the ODG indications for diagnostic arthroscopy. At this time there is no medical necessity for medial meniscectomies or chondroplasties.

PATIENT CLINICAL HISTORY [SUMMARY]:

Patient is a male injured on xx/xx/xx. He reportedly inadvertently kicked a chair with his left knee with an immediate onset of pain and swelling and restricted

The DYLL REVIEW

We take the worry out of Peer Reviews

25 Highland Park Village #100-177 Dallas TX 75205
Phone: 888-950-4333 Fax: 888-9504-4443

mobility of the left knee. He has had treatments consisting of physical therapy and medication management. He has also had an aspiration of the knee with steroid injection. Despite these treatments, he has had persistent effusion of the left knee and marked restriction of range of motion. There have been Doppler examinations that have ruled out deep venous thrombosis for that leg and, in addition, MRI of the ankle, which did not show any other evidence for fracture, rather just some degenerative changes. MRI of the knee has been performed, and it revealed some mucoid degeneration of the medial meniscus, no definitive ligamentous injuries, no significant osteochondral injuries, and was otherwise indeterminate for intra-articular pathology causing the clinical and symptomatic pictures.

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

While I agree there is no MRI evidence for conclusive need for meniscectomies or chondroplasties, the patient has clearly had a lengthy course of conservative care with medications as well as physical therapy, and he continues to have pain and restricted range of motion of the knee. As a consequence of this, the claimant meets the *ODG* indications for diagnostic arthroscopy.

Should diagnostic arthroscopy document the necessity of medial meniscectomies or chondroplasties, these could be retroactively reviewed.

Again, in summary, as imaging studies are inconclusive and the claimant continues to have significant pain and functional limitations consistent with large effusion and loss of range of motion despite adequate conservative care in the form of medication and physical therapy, diagnostic arthroscopy should be approved.

Reference: *ODG*, Knee chapter

The DYLL REVIEW

We take the worry out of Peer Reviews

25 Highland Park Village #100-177 Dallas TX 75205
Phone: 888-950-4333 Fax: 888-9504-4443

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ACOEM- AMERICAN 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)