



Notice of Independent Review Decision - WC

DATE OF REVIEW: 12/03/14

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Right Knee Arthroscopy

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

Board Certified in 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 or not medical necessity exists for each of the health care services in dispute:

- Right Knee Arthroscopy - Upheld

PATIENT CLINICAL HISTORY [SUMMARY]:

Claimant is a male female who she fell off of a minivan while at work on xx/xx/xx. Records indicate she landed on her right knee, twisted to brake her fall and then landed on her right elbow. Diagnostics include x-rays and MRIs. Treatment has included chiropractic therapy and various medications, including Speed Gel, muscle relaxants, Lyrica, Trazodone, Tramadol, Cymbalta, Meloxicam and Ambien.

Recent physical examination reveals claimant ambulates with normal gait. ROM of the right knee 0°, extension 120° of flexion, medial joint line tenderness, positive McMurray's Test, no apparent instability or tenderness, and good pulses in the right leg. Arthroscopic surgery is

recommended. Claimant remains off work. Current diagnosis is Knee pain, right - torn medial meniscus.

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

In line with the prior Peer Reviews indicating concern for lack of information regarding specifics of the recommended surgical procedure as recommended by Official Disability Guidelines, the right knee arthroscopy is not certified.

The current information provided for my review does indicate the claimant attended chiropractic therapy and has been treated with a medication regime, in line with Official Disability Guideline recommendations.

However, diagnostic arthroscopy criteria by Official Disability Guidelines indicates there should be an equivocal MRI scan, and the MRI findings provided for review indicate specific internal derangement pathology with the torn meniscus. The written request indicated only an arthroscopy without specifics, and therefore at this time, the request is not medically necessary within ODG guidelines.

Criteria for diagnostic arthroscopy:

1. Conservative Care: Medications OR Physical therapy, **PLUS:**
2. Subjective Clinical Findings: Pain and functional limitations continue despite conservative care. **PLUS:**
3. Imaging Clinical Findings: Imaging is inconclusive.

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

- MEDICAL JUDGMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- ODG - OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**