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An Independent Review Organization

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Notice of Independent Review Decision

Case Number:

Date of Notice: 06/05/2015

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 meniscectomy

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)

is a female with a reported date of injury of xx/xx/xx. The mechanism of injury is described as playing and jumping and coming down wrong on the left leg hurting her knee with subsequent pain and swelling. On 03/15/13, x-rays of the left knee showed no acute fractures or dislocations. On 07/30/13, an MRI of the left knee revealed an oblique tear involving the posterior horn of the lateral meniscus with significant lateral subluxation of the lateral meniscus. There was moderate osteoarthritis affecting the lateral compartment with a large joint effusion and a small popliteal Baker's cyst. On 01/27/14, the patient was taken to surgery for a preoperative diagnosis of lateral meniscus tear left knee, popliteal cyst left knee, and the procedure performed was an arthroscopic partial lateral meniscectomy, chondroplasty in the lateral femoral and tibial condyle and patella with excision of the posterior capsular valve mechanism and debridement of the popliteal cyst all to the left knee. On 02/05/15, plain x-rays of the left knee were obtained revealing lateral compartment narrowing with minimal scattered tricompartmental osteophytosis present with mild capsular distention. On 11/18/14, an MRI of the left knee revealed a large oblique tear involving the posterior horn of the lateral meniscus, with lateral subluxation of the lateral meniscus from the joint space. There was moderate osteoarthritis affecting the lateral compartment with bone marrow edema involving the posterior aspect of the lateral femoral condyle and large joint effusion. There was a trace increased signal intensity within the ACL.

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

On 04/14/15, a utilization review letter was submitted noting adverse determination was recommended for the requested arthroscopy with meniscectomy. The rationale was not provided. On 04/24/15, a reconsideration determination letter was submitted recommending adverse determination for the requested procedure. The rationale given was that the patient had significant arthritis on imaging with prior knee arthroscopy with the same procedure in 2014. It was noted there was recurrent pain with McMurray's causing pain and the results of arthroscopy for arthritic knee are poor and it was unclear how a revision knee arthroscopy would improve the patient's condition. Therefore the request was non-certified. The records submitted for this review also indicate the patient had a previous torn meniscus to the left knee, and was subsequently taken to surgery in 2014 for that diagnosis. The patient has a recurrent meniscal tear to the lateral aspect, as well as documented tricompartmental osteoarthritis. Guidelines indicate that knee

arthroscopy for osteoarthritis often results in poor outcomes, and is not recommended. Therefore it is the opinion of this reviewer that the request for a left knee meniscectomy 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 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 Médical **Literature** (Provide a description)

- Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)