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DATE NOTICE SENT TO ALL PARTIES: May/26/2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: right knee arthroscopy medial and possible lateral meniscectomy and debridement versus repair

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: M.D., Board Certified 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 medical necessity exists for each health care service in dispute. It is this reviewer's opinion that medical necessity for the requested right knee arthroscopy medial and possible lateral meniscectomy and debridement versus repair is not established

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a male who was injured on xx/xx/xx while bending over to pick up trash. The patient bent his knee in a way that caused sudden pain anteriorly. The patient did admit to having pain with weight bearing of the right knee since June of 2014. The patient is previously noted to have had a prior meniscal repair for the right knee. No previous operative reports were available for review. The patient was initially seen by who recommended ice, elevation, and the use of a knee brace. The patient was also prescribed anti-inflammatories and Tramadol for pain. There was no indication that the patient had been referred to physical therapy. The patient did undergo an MR arthrogram study of the right knee on 03/13/15 which noted an intact lateral meniscus without tearing. There was a full thickness cartilage defect along the lateral tibial spine and a deep chondral fissure along the posterior inferior lateral femoral condyle. There was blunting of the free edge of the body segment of the medial meniscus most consistent with a partial medial meniscectomy. There is evidence of a recurrent tear in the medial meniscus above the radial component and an undersurface oblique component. There was a small edge flap noted with associated high grade chondral thinning throughout the periphery of the medial tibial plateau. There was moderate chondral thinning with a small focus of high grade chondral loss in the anterior inferior weight bearing portion of the femoral condyle. Full thickness cartilage loss was noted in the lateral patellar facet with osseous spurring. The patient was referred to for continuing complaints of right knee pain. The 04/06/15 clinical report did note continued medial joint line tenderness that was severe as well as tenderness over the patellar tendon. There were positive McMurray's signs noted that were severe. The patient did ambulate with an antalgic gait favoring the right lower extremity.

The proposed right knee arthroscopy with a medial and possible lateral meniscectomy with debridement versus repair was denied on 04/06/15 as there was no documentation regarding failure of reasonable treatment modalities and there was no documentation regarding symptomatic meniscal disease such as clicking, locking, and popping recommended by guidelines.

The request was again denied on 04/20/15 as there was still a lack of documentation regarding conservative modalities to include physical therapy and an exercise program. There was no indication of positive McMurray's signs to support the surgical procedure.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: The patient has had persistent complaints of right knee pain despite the initial use of anti-inflammatories, bracing, as well as elevation and rest of the right knee. The patient's MR arthrogram study of the right knee did note a complex type tear of the medial meniscus with extensive degenerative chondromalacia noted throughout most compartments of the right knee. The patient's most recent physical examination findings from did note a positive McMurray's sign medially in the right knee as well as severe tenderness at the medial joint line. In this case, given the patient's age, guidelines would support failure of conservative treatment that does include an active physical therapy component. The clinical documentation submitted for review did not indicate failure of conservative treatment to include physical therapy as recommended by guidelines. Given the lack of documentation regarding failure of a reasonable course of conservative treatment that includes physical therapy, it is this reviewer's opinion that medical necessity for the requested right knee arthroscopy medial and possible lateral meniscectomy and debridement versus repair is not 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 & 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)