

Independent Resolutions Inc.

An Independent Review Organization

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Notice of Independent Review Decision

Case Number:

Date of Notice: 05/18/2015

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:

Subchondroplasty of proximal tibia for fixation microtrabecular fracture
OP left knee scope with partial medial miniscectomy

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.

Given the lack of an indication for sub chondroplasty as requested, it is the opinion of this reviewer that medical necessity for this portion of the request is not established.

Therefore this reviewer would recommend continuing with a left partial medial meniscectomy for the knee only as medically necessary.

Patient Clinical History (Summary)

The patient is a male who was injured on xx/xx/xx after twisting the left knee. The patient was initially diagnosed with a left knee meniscal tear and osteoarthritis. Patient had prior lateral meniscectomy in May of 2014. The patient was followed by for continuing complaints of severe left knee pain. The patient had extensive weight gain with a high BMI. The current BMI was not reported; however, there was a record by in December of 2014 which noted a calculated BMI of 42.7. Prior radiographs of the right knee left knee dated 01/13/15 noted arthritic changes most significant with increased soft tissue fullness at the suprapatellar region most likely due to effusion. MRI of the left knee dated 01/06/15 noted a type 3 signal within the medial meniscus involving the posterior horn consistent with a tear. There was abnormal appearance in the anterior horn of the meniscus most likely due to an old tear versus a bucket handle type tear. Truncated appearance of the lateral meniscus was noted. There was some chondral bone marrow edema within the medial compartment. The clinical record from on 01/13/15 noted patient had continuing complaints of pain in the left knee. Physical examination noted varus alignment of the knee with positive crepitation on range of motion. There was pain and tenderness in the medial joint line. No instability or motor weakness was noted. recommended a partial medial meniscectomy followed by sub chondroplasty of the proximal tibia with microtrabecular fracture of the proximal tibia. The surgical request for the patient was denied on 03/05/15 as there was no indication of any significant fractures that would require fixation. There was also no evidence of the efficacy of sub chondroplasty without significant subchondral injury. Although the reviewer felt that

microdiscectomy was appropriate, the request as submitted was not medically necessary. The request was again denied on 03/24/15 as the guidelines and clinical literature did not recommend sub chondroplasty for osteoarthritis joint space narrowing or full thickness chondral defects. The reviewer again felt that meniscectomy was reasonable and necessary; however, there was no indication for sub chondroplasty.

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

The patient was followed for significant knee pain left knee pain with a prior lateral meniscectomy. The updated MRI of the left knee noted extensive tear in the medial meniscus both at the anterior and posterior horns. Physical examination noted medial joint line tenderness on physical examination. Given the extent of the medial meniscal tears evident on MRI of the left knee, it is highly unlikely in this case the patient would substantially improve with further non-operative treatment to address this pathology. Therefore it is the opinion of this reviewer that the requested partial medial meniscectomy alone would be considered medically necessary under guidelines. The MRI noted abnormal signal along the bone marrow of the medial tibial plateau most consistent with subchondral bone marrow edema. Sub chondroplasty of this particular pathology is not well supported current clinical literature and chondroplasty is not recommended to address osteoarthritis. Given the lack of an indication for sub chondroplasty as requested, it is the opinion of this reviewer that medical necessity for this portion of the request is not established. Therefore this reviewer would recommend continuing with a left partial medial meniscectomy for the knee only.

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 AHCPH-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)