

## **P-IRO Inc.**

**An Independent Review Organization**

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### ***Notice of Independent Review Decision***

**Case Number:**

**Date of Notice:** 04/27/2015

#### **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:**

Bilateral knees arthroscopic 29881 X 2

**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)**

This patient is a male with complaints of knee pain. On 02/02/15, an MRI of the left knee revealed a medial meniscus tear, blunting of the lateral meniscus thought to be a contribution from a previous procedure or post-surgical change, and there was evidence of tearing of the posterior horn. Findings were stated to be suggestive of a chronic complete tear or disruption of the anterior cruciate ligament, and there was tricompartmental chondral loss, chondromalacia, and degenerative osteoarthritic changes. A joint effusion was noted as well as a popliteal cyst. There were multiple intraarticular bodies or ossifications on the exam. On the same date, 02/02/15, an MRI of the right knee revealed truncation of the medial meniscus with a scar anteriorly thought to suggest previous post-surgical changes and/or subtotal medial meniscectomy. There was irregularity and suggestion of likely tearing of the small posterior horn remnant. There was a lateral meniscus tear and evidence of chronic complete tear or disruption of the anterior cruciate ligament. Tricompartmental chondral loss, chondromalacia, and degenerative osteoarthritic change were noted with advanced changes involving the medial compartment. A joint effusion and synovitis was noted with multiple intraarticular bodies. On 03/11/15, the patient was seen in clinic. It was noted he had mechanical symptoms and popping and catching in both knees. He had undergone formal physical therapy 3 x a week as well as a home exercise program and had obtained bilateral Cortisone injections without improvement. He was on an NSAID for anti-inflammatory effect. It was noted the clinical examination of the knees remained unchanged. The previous note dated 02/05/15 demonstrated right knee examination with joint line tenderness both medially and laterally with good range of motion. There was no instability noted. The patient had a positive McMurray's to the right knee with a negative anterior drawer and pivot shift. The left knee showed medial joint line tenderness without instability. There was a negative Lachman's and drawer and pivot shift test and there was a positive McMurray's test.

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

On 02/18/15, a utilization review determination stated the request for bilateral knee arthroscopies was not medically necessary. That review noted there was lack of clinical evidence of failure of conservative measures. A peer-to-peer occurred and it was also noted that there was a lack of knowledge of the patient's treatment other than prescribed medications in the form of Meloxicam. Therefore the request was not supported as being medically necessary. The records submitted for this review also do not include evidence of current conservative care as recommended by guidelines. If the knee is not locked or blocked guidelines recommend conservative care including supervised physical therapy. Therefore it is the opinion of this reviewer that the request for bilateral knee arthroscopies, 29881 x 2 is not medically necessary and the prior denial is 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 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 Médical Literature (Provide a description)
- Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)