

Independent Resolutions Inc.

An Independent Review Organization

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Notice of Independent Review Decision

Case Number:

Date of Notice: 11/09/2015

Review Outcome:

A description of the qualifications for each physician or other health care provider who reviewed the decision:

Internal Medicine

Description of the service or services in dispute:

Right Knee arthroscopy with partial medial meniscectomy with possible ACL reconstruction

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)

Information Provided to the IRO for Review:

Patient Clinical History (Summary)

Patient is an individual. On xx/xx/xx, a notice of employee's work related injury or illness was submitted noting the body part injured was right knee and the neck, and the patient was walking up the ramp to the freezer door and tripped causing her to fall onto her right knee and left hand with spasms going to her head and neck. On xx/xx/xx, x-rays of the right knee were considered normal. On 01/30/15, an MRI of the right knee noted findings were suspicious for a medial meniscus grade 3 tear with some degeneration. There was minimal osteoarthritis of the medial knee joint compartment without chondromalacia and there was a very small knee joint effusion. The anterior cruciate ligament demonstrated mild edema and irregularity but there it did not appear to be disrupted. The findings were suspicious for an ACL sprain or partial tear perhaps subacute per the reading radiologist. On 05/04/15, the patient was seen for initial physical therapy evaluation. On 05/28/15, the patient was seen in clinic with complaints of right knee pain. On exam, tenderness was noted to the left knee. On 08/20/15, the patient returned to clinic. On exam there was tenderness noted to the right knee and there was no laxity or subluxation of any joints. Range of motion was decreased in the upper neck, and the patient had grossly normal tone and muscle strength.

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

On 08/13/15, an adverse determination letter was submitted for the requested arthroscopy of the knee with meniscectomy, medial and lateral, with possible arthroscopic ACL repair and/or reconstruction, and the request was non-certified. It was noted that Official Disability Guidelines knee chapter was utilized as a reference source, and it was noted that there was a dispute as to the causality of disability or injuries related to the left knee, and a dispute as to the causality to the degeneration and arthritis of the right knee. It was noted that a physical examination of the knee demonstrated no significant changes from previous exams. There was no current physical examination demonstrating positive McMurray's or positive Lachman's, and there were no subjective complaints of instability. Therefore the request was non-

certified. On 09/02/15, an adverse determination letter was submitted for the requested services, and cited Official Disability Guidelines knee chapter. It was noted the MRI did not reveal definite anterior cruciate ligament tear and the physical examination findings showed no laxity to the knee. Therefore the request was not medically necessary and was non-certified.

The records submitted for this review did not definitely find a torn ACL on the MRI. The right knee x-rays also do not demonstrate significant pathology. The most recent exam note of August, fails to identify laxity or positive orthopedic findings such as a positive Lachman's or positive McMurray's to correlate with the imaging study. Guidelines state that there should be documentation of physical findings such as decreased range of motion, decreased strength or positive orthopedic findings such as a positive Lachman's and/or positive McMurray's test to warrant this level of surgical intervention. As such, it is the opinion of this reviewer that the request for a right knee arthroscopy with partial medial meniscectomy with possible ACL reconstruction 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)