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Applied Assessments LLC
Notice of Independent Review Decision

Case Number:

Date of Notice: 10/23/2015

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:

Outpatient Surgery; Arthroscopy 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)

The patient is a female who reported an injury to her left knee. The x-rays the left knee dated xxxx revealed mild joint space narrowing at the medial joint without acute fracture. The MRI of the left knee revealed a possible small flipped fragment in the posterior intercondylar notch. Moderate joint effusion with a moderate 8cm popliteal cyst was identified. The medial meniscus was identified as intact. The lateral meniscus was also identified as intact. The clinical note dated xxxxx indicates the patient complaining of ongoing left knee pain. The patient stated the initial injury occurred in xxxx when she xxxxx. The patient reported persistent left knee pain. Intermittent swelling and aching was identified at the left knee. There is also the patient's past surgical history is significant for an arthroscopic procedure at the right knee. The note indicates the patient utilizing tramadol for ongoing pain relief. The patient was able to demonstrate zero 120 degrees of range of motion at the left knee. Increased pain was identified with varus and valgus shrimp stress testing. The McMurray's testing revealed negative findings. Tenderness identified at the medial joint line. The patient was recommended for an arthroscopic debridement at the left knee.

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

The documentation indicates the patient complaining of ongoing left knee pain with associated range of motion deficits. An arthroscopic meniscectomies indicated patients who have completed all conservative

treatments and the imaging studies confirm significant pathology. No information was submitted regarding the patient's previous involvement with any therapeutic interventions. Furthermore, the clinical exam findings indicated no instability, or feelings of give way, swelling, locking or clicking. No positive provocative tests confirming the presence of a meniscal tear were identified in the documentation. Given these factors, the request is not indicated. As such, it is the opinion of this reviewer that the request for an outpatient surgery to include an arthroscopy at the left knee with a meniscectomies not recommended as medically necessary.

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)