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An Independent Review Organization

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Notice of Independent Review Decision

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:

Left knee arthroscopy-debridement / manipulation under anesthesia

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)

Patient is a female. On 06/10/15, an MRI of the left knee was obtained, noting this patient was status post ACL reconstruction with an intact graft. She had a grade II/III chondromalacia of the patella, and she had a 6mm popliteal cyst. There were no tears of the menisci as both menisci has normal size, positioning, and morphology. On 06/10/15, the patient was seen in clinic. She complained of achiness to the left knee, with pain at rest at 9/10 and more pain with ambulation. Physical exam found that she had an antalgic gait, and she had a joint effusion. There was tenderness at the joint line and she had a negative McMurray's test. She had a positive Lachman's test. She had an equivocal anterior drawer test. Her knee was prepped and draped and she was given a steroid injection into the left knee at that time.

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

On 06/16/15, an adverse determination letter was submitted. It was noted that the requested service, a left knee arthroscopy, debridement, and manipulation under anesthesia, was non-certified. It was noted that there were no mechanical symptoms to indicate internal derangement, and no clinical evidence of knee stiffness to warrant a manipulation under anesthesia. Therefore, the request was non-certified. On 07/09/15, an adverse determination after reconsideration notice was submitted for the requested left knee arthroscopy, debridement, and manipulation under anesthesia, and it was noted the requested procedures were not appropriate or medically necessary for the diagnosis and clinical findings. It was noted there was a recent injection and the response to that injection was not available, and there was good functional motion with the inability to hyperextend the knee based on the exam. There was page 1 from the note of 06/10/15, without additional pages available for review. Therefore, the request was non-certified.

The records submitted for review include the full 06/10/15 evaluation, in which it was noted the patient did have an antalgic gait, and had an equivocal anterior drawer test and a positive Lachman's test, and had knee joint effusion. However, the MRI to correlate with that exam, also dated 06/10/15, notes the patient is status post ACL reconstruction with an intact graft and has grade II/III chondromalacia of the patella. Menisci are intact. Guidelines recommend the manipulation under anesthesia as an option for treatment of arthrofibrosis and should be only attempted after a trial of 6 weeks or more of conservative treatment including PT and medications. There should be documented decreased range of motion for the procedure. The records do not indicate the patient has significant decreased range of motion on clinical exam. The ACL is intact per the MRI. Therefore, it is the opinion of this reviewer that the left knee arthroscopy/debridement/manipulation under anesthesia is not medically necessary and 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)