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[Date notice sent to all parties]:

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: right knee scope

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

Board Certified Orthopedic Surgeon

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld (Agree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who was injured on XX/XX/XX when he twisted the right knee. The patient was initially prescribed anti-inflammatories and has referred to physical therapy. The patient completed 11 sessions of physical therapy for the right knee with some improvements. Further physical therapy was denied by utilization review. Radiographs of the right knee noted some joint space narrowing in the medial compartment. No acute fractures were identified. The XX/XX/XX MRI study of the right knee noted a 1cm osteochondral injury versus OCD versus an OCD lesion in the lateral aspect of the medial femoral condyle up here there was mild joint effusion noted without acute meniscal tearing. No ligamentous strain or tear was identified. No pathology at the patellofemoral joint was identified. The patient was followed an orthopedic surgeon. The patient continued to describe persistent right knee pain despite conservative management including steroid injections. The most recent evaluation on XX/XX/XX noted persistent pain 4/10 in intensity with loss of range of motion on physical examination. The patient's flexion was limited to 103 degrees with full extension present. There was medial joint line tenderness noted without a positive medial McMurray's sign. The patient was recommended for knee arthroscopy due to lack of response to conservative management. The knee arthroscopy was denied by utilization review on XX/XX/XX as there was inner as there were negative MRI findings for meniscal pathology and there were no mechanical symptoms described in the clinical records. There was also limited documentation regarding failure of medications or other conservative management. The request was again denied on XX/XX/XX due

to lack of MRI evidence of a meniscal tear as well as limited documentation regarding conservative management as well as mechanical symptoms.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:

The patient has been followed for persistent right knee pain despite conservative management. The records provided for year provided for review clearly note prior physical therapy injections and medications with limited response. Although the patient presents with objective findings regarding possible meniscal pathology, the MRI study from XX/XXXX did not identify evidence of any meniscal pathology. No acute meniscal tears were identified per the study. There was a 1cm osteochondral lesion noted; however, given the absence of any clear evidence on imaging of a meniscal tear, it is this reviewer's opinion that medical necessity is not established based on guideline recommendations and the prior denials remain upheld.

IRO REVIEWER REPORT TEMPLATE -WC

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

Official Disability Guidelines (ODG), Treatment Index, 14th Edition (web), 2016, Knee & Leg Chapter.

ODG Indications for Surgeryä -- Meniscectomy:

Criteria for meniscectomy or meniscus repair (Suggest 2 symptoms and 2 signs to avoid scopes with lower yield, e.g. pain without other symptoms, posterior joint line tenderness that could just signify arthritis, MRI with degenerative tear that is often false positive). Physiologically younger and more active patients with traumatic injuries and mechanical symptoms (locking, blocking, catching, etc.) should undergo arthroscopy without PT.

1. Conservative Care: (Not required for locked/blocked knee.)

Exercise/Physical therapy (supervised PT and/or home rehab exercises, if compliance is adequate). AND (Medication. OR Activity modification [eg, crutches and/or immobilizer].) PLUS

2. Subjective Clinical Findings (at least two): Joint pain. OR Swelling. OR Feeling of give way. OR Locking, clicking, or popping. PLUS

3. Objective Clinical Findings (at least two): Positive McMurray's sign. OR Joint line tenderness. OR Effusion. OR Limited range of motion. OR Locking, clicking, or popping. OR Crepitus. PLUS

4. Imaging Clinical Findings: (Not required for locked/blocked knee.) Meniscal tear on MRI (order MRI only after above criteria are met). ([Washington, 2003](#))

For average hospital LOS if criteria are met, see [Hospital length of stay](#) (LOS).