

US Decisions Inc.

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DATE NOTICE SENT TO ALL PARTIES: Jan/21/2016

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: Left knee arthroscopy, planned for chondroplasty possible microfracture, as an outpatient

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: MD, Board Certified Orthopedic Surgery

REVIEW OUTCOME: 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)

Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute. It is this reviewer's opinion that medical necessity for left knee arthroscopy, planned for chondroplasty possible microfracture, as an outpatient is not established at this time

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a male who was injured on XX/XX/XX when he stepped in a pot hole twisting the left knee. The patient described ongoing left knee pain that had continued despite the use of anti-inflammatories. The patient was followed by XX. The XX/XX/XX report noted persistent left knee pain with associated numbness and tingling on the outside of the left leg along the lateral border. The patient's physical examination did note full range of motion of the left knee. There was some posterolateral joint line tenderness present. No instability was evident. The patient was continued on anti-inflammatories and given a brace. The follow up XX/XX/XX continued to note lateral joint line tenderness with a slight palpable click on McMurray's testing. There was still no evidence of instability. MRI studies were reported to show chondrosis; however, the actual imaging report was not available for review. The recommended left knee arthroscopy for chondroplasty and possible micro fracture was denied by utilization review on XX/XX/XX as there was no documentation regarding failure of physical therapy or evidence of an osteochondral lesion. The request was again denied on XX/XX/XX as there were no imaging reports submitted in the records and there was no documentation regarding prior physical therapy or injections.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: The patient has been followed for complaints of left knee pain with palpable tenderness along the left knee lateral joint line as well as positive McMurray's signs. Imaging studies of the left knee were not made available for review and it is unclear to what extent pathology is present in the left knee that would support surgical intervention. The clinical records also did not identify failure of conservative management to include physical therapy and potentially injections. As the clinical records submitted for review do not meet guideline recommendations regarding the proposed surgical procedures, it is this reviewer's opinion that medical necessity for left knee arthroscopy, planned for chondroplasty possible microfracture, as an outpatient is not established at this time. As such, the prior denials remain upheld.

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

ACOEM-AMERICA COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE

AHCPR-AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES

DWC-DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN

INTERQUAL CRITERIA

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

MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

MILLIMAN CARE GUIDELINES

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

TEXAS TACADA GUIDELINES

TMF SCREENING CRITERIA MANUAL

PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)