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IRO CASE #: XXXX

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Right knee arthroscopic meniscectomy medial meniscus

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

REVIEW OUTCOME:

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

- | | |
|---|--------------------------------|
| <input type="checkbox"/> Overturned | Disagree |
| <input type="checkbox"/> Partially Overturned | Agree in part/Disagree in part |
| <input checked="" type="checkbox"/> Upheld | Agree |

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a XX-year-old XX with history of an occupational claim from XXXX. The mechanism of injury is detailed as a XXXX. Prior relevant treatment includes therapy, activity modification, medication and injection to the left knee. On XXXX patient had a right knee MRI revealed tear of the medial meniscus with truncation along the free edge of the body of the medial meniscus with linear increased signal involving the body and posterior horn, reaching the inferior articular surface at the junction, compatible with an oblique type tear. There was intrasubstance degeneration with the remainder of the posterior horn leading into its root attachment. There was a small joint effusion and deep infrapatellar bursitis. According to the XXXX progress note, the patient had 12 sessions of physical therapy, tramadol and ibuprofen with no relief. On physical examination, the right knee had positive medial joint line tenderness and a positive McMurray test. According to the XXXX follow-up, the patient said the injections given to the left knee and right elbow did not work. The patient continued with pain and worsened activity, XXXX. The physical examination noted "no change".

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

The management of meniscal tears depends upon the type of tear, the presence of significant mechanical symptoms, and the presence of persistent knee effusions. Small intrasubstance and vertical tears that cause infrequent symptoms and do not interfere with general knee function can be managed medically with rest, activity restriction, and physical therapy whereas (large, complex tears associated with persistent effusions, tears that frequently cause disabling symptoms, and large tears in contact with the

articular cartilage) refractory to conservative care can be treated with surgical intervention. Surgical options include partial or total meniscectomy and repair of the meniscal tear. Open or arthroscopic surgery can be performed. In this case, the patient was noted to fall landing on the bilateral knees. It was noted prior relevant treatment included at least 12 sessions of physical therapy however the documentation did not include physical therapy notes identifying the body part for which physical therapy was directed to. There was no documentation of functional limitation resultant from the right knee. Also, there was notation of an injection to the left knee, however this was not the case for the right knee. Lastly, there was no recent detailed physical examination of the right knee. Therefore, without documentation of exhausted conservative care directed towards the right knee, the request for "Right knee arthroscopic meniscectomy medial meniscus" is not medically necessary. As such, the prior denial is upheld.

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

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- AHRQ- 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 JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- PRESLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TEXAS TACADA GUIDELINES
- TMF SCREENING CRITERIA MANUAL

1. Milliman Care Guidelines. 21st edition. Knee Arthroscopy RRG. RRG: S-705-RRG (ISC). 2. Cardone, D., & Jacobs, B. (2017). Meniscal injury of the knee. Uptodate.com. Retrieved 25 January 2018, from https://www.uptodate.com/contents/meniscal-injury-of-the-knee?search=meniscectomy&source=search_result&selectedTitle=1~10&usage_type=default&display_rank=1