

True Resolutions Inc.
Notice of Independent Review Decision

Case Number: XXXX

Date of Notice: 6/22/2018 10:36:55 AM CST

True Resolutions Inc.
An Independent Review Organization
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IRO REVIEWER REPORT

Date: 6/22/2018 10:36:55 AM CST

IRO CASE #: XX

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: Left Knee Medial Meniscus Tear

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

PATIENT CLINICAL HISTORY [SUMMARY]: This case involves a now XXX a history of an occupational claim from XX. The mechanism of injury was described XXXX. XX was diagnosed with a left knee medial meniscal tear. Prior treatment included ACL reconstruction in XX, left knee diagnostic arthroscopy with medial and lateral meniscectomy and arthroscopic loose body removal on XX, as well as medications, physical therapy, imaging, and activity modifications. An MRI of the knee revealed evidence of prior surgery and prior partial meniscectomy, with significant articular cartilage loss from chondromalacia in the lateral compartment. There was effusion and synovitis as well, with some mild bone contusion suggestion of past anserine bursitis, with a displaced meniscal fragment laterally. There according to the available documentation, the patient had previously been recommended for a meniscal repair, the request was denied as there was no documentation of joint line tenderness, positive McMurray sign, or duration of prior physical therapy, which is required by guidelines to support proceeding with surgery. Following the denial, an appeal note was submitted dated XX. The provider noted that the patient had a clear lesion on imaging indicating tearing of the lateral meniscus with a displaced meniscal fragment. Furthermore, the patient had been complaining of mechanical symptoms such as popping, locking, and feelings of giving way, in addition to pain. Furthermore, the provider noted that on physical examination, the patient had joint line tenderness and loss of motion. The provider noted that XX was unable to test for a McMurray's maneuver due to the lack of adequate flexion. The request was then submitted for an appeal.

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

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TO SUPPORT THE DECISION:

Regarding the request, although surgery for the patient's meniscal tear was previously denied, the provider submitted additional documentation confirming the presence of positive physical examination findings and a failure of an adequate course of physical therapy. The patient had attended physical therapy for at least 12 visits but reported persistent pain. Furthermore, physical examination was consistent with joint line tenderness and restricted range of motion, and the submitted MRI confirmed the presence of a meniscal fragment and tear. Furthermore, the patient complained of significant mechanical symptoms, such as locking, clicking, popping, and feelings of giving way. As such, proceeding with the requested meniscal repair surgery is supported.

Therefore, surgery for left knee medial meniscus tear (29881) is medically necessary, and the prior determination is overturned.

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

☒ MEDICAL JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

☒ ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

Official Disability Guidelines (ODG), Treatment Index, 16th Edition (web), 2018, Knee and Leg, Meniscectomy.