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DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: Left Knee Arthroscopy

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:	
☑ Overturned	Disagree
☐ Partially Overtuned	Agree in part/Disagree in part
☐ Upheld	Agree

PATIENT CLINICAL HISTORY [SUMMARY]:

This case involves a now XXXX with a history of an occupational claim from XXXX. The mechanism of injury is detailed as, the patient was injured after XXXX left knee. The current diagnosis is documented as left knee pain. The patient underwent left knee arthroscopic ACL reconstruction and tendon allograft on XXXX. During the physical therapy evaluation on XXXX, the patient was noted to have completed 8 postoperative sessions, with complaints of mild pain. The patient was noted to be improving overall. During the assessment on XXXX, the patient complained of continued tenderness of the lateral joint line. The patient was noted to have signs and symptoms of a lateral meniscal tear. The physical examination revealed tenderness to palpation of the medial lateral compartments. Range of motion was 0-125°. The McMurray's test was positive with lateral joint line tenderness. The Apley's grind test was positive with medial joint line tenderness. An MRI of the left knee was recommended to rule out a lateral meniscal tear. The patient was advised to continue activities as tolerated. The patient underwent an MRI of the left knee on XXXX, which was noted to reveal a complex tear of the posterior horn of the lateral meniscus; oblique tear of the posterior horn of the medial meniscus. During the assessment on XXXX, the patient complained of continued left knee pain. The physical examination revealed pain and tenderness elicited upon palpation of the medial and lateral compartments. Range of motion was 0-125°. The McMurray's test and Apley's grind test were positive. Lateral and medial joint line tenderness was noted. The patient complained of moderate to severe pain mostly over the lateral joint line despite 8 sessions of physical therapy, injections, and oral medication, with no improvement of XXXX symptoms. A left knee arthroscopy was recommended.

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

The Official Disability Guidelines recommend surgical intervention for patients with pertinent subjective complaints and objective clinical findings that correlate with imaging studies after failure of

conservative care. The records indicate that the patient complained of tenderness of the lateral joint line of the left knee and was noted to have signs and symptoms of a lateral meniscal tear. The MRI of the left knee confirmed a complex tear of the posterior horn of the lateral meniscus, and an oblique tear of the posterior horn of the medial meniscus. The records indicate that the patient reported continued pain despite nonoperative treatment with 8 sessions of physical therapy, injection therapy and oral medication. The physical examination confirmed pain and tenderness of the medial and lateral compartments, as well as a positive McMurray's test and positive Apley's grind test.

Given the information provided for review, the decision to deny the request for left knee arthroscopy is medically necessary and 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 & Leg, Diagnostic arthroscopy and Official Disability Guidelines (ODG), Treatment Index, 16th Edition (web), 2018, Knee & Leg, Meniscectomy