

IRO Express Inc.

Notice of Independent Review Decision

Case Number:

Date of Notice: 04/02/2015

Review Outcome:

A description of the qualifications for each physician or other health care provider who reviewed the decision:

Orthopedic Surgery

Description of the service or services in dispute:

Right Knee Arthroscopy with Meniscectomy (Medial/Lat)

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)

Patient Clinical History (Summary)

The patient is a xx year old female. On xx/xx/xx, an MRI of the right knee was obtained revealing a horizontal oblique undersurface tear of the posterior horn of the medial meniscus, resulting in 3mm medial extrusion of the middle third. There was moderate osteoarthritic cartilage thinning of the medial compartment and medial/apical patellar cartilage. There was mild osteoarthritic cartilage thinning of the lateral compartment. A small knee joint effusion was noted and there was diffused synovitis thought to be reactive. On 01/19/15, the patient presented back to clinic with continued knee pain to the anterior region and joint line particularly while she was weight bearing. Right knee exam revealed range of motion was slightly decreased, and strength was slightly decreased in flexion and extension. Patella compression test was positive and McMurray's test caused pain to the medial joint line. Anterior drawer sign was negative and Lachman's sign was negative. Posterior drawer test was negative. There was no laxity on valgus or varus testing. It was noted the patient had no relief of knee pain after a Cortisone injection and physical therapy and anti-inflammatory medication and surgical treatment was discussed.

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.

On 01/23/15, an adverse determination letter was submitted for the requested service, arthroscopy of the knee with limited synovectomy, debridement, and meniscectomy. It was noted then that guidelines require a chondral defect on MRI and MRI of the knee reported some chondral thinning but no evidence of chondral defect. There was no documentation of a home exercise program, activity modification, or a Cortisone injection to the knee and the request was non-certified. On 02/25/15, a notification was submitted for the requested service synovectomy, debridement, and meniscectomy of the right knee with arthroscopy. It was noted the request was partially preauthorized but it was noted that at the present time guidelines would not support the specific request to be one of medical necessity. It was noted there were osteoarthritic changes to the knee. It was also noted that as a result of the work related injury, the carrier was disputing osteoarthritic changes.

The submitted records do include an MRI of the right knee which documents a horizontal oblique undersurface tear of the posterior horn of the medial meniscus, with extrusion of the middle third of the meniscus. There was also moderate osteoarthritic cartilage thinning of the medial compartment and at the patella cartilage and mild osteoarthritic cartilage thinning at the lateral compartment. Thus, the patient has osteoarthritis of the right knee. Guidelines do not support arthroscopy of the knee for osteoarthritic conditions. Therefore, the right knee arthroscopy with meniscectomy medial/lateral is not medically necessary and the prior denials are upheld.

A description and the source of the screening criteria or other clinical basis used to make the decision:

- ACOEM-America College of Occupational and Environmental Medicine um
- knowledgebase AHCPR-Agency for Healthcare Research and Quality Guidelines
- DWC-Division of Workers Compensation Policies and
- 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 and Treatment Guidelines
- Pressley Reed, the Medical Disability Advisor
- Texas Guidelines for Chiropractic Quality Assurance and Practice Parameters
- Texas TACADA Guidelines
- TMF Screening Criteria Manual
- Peer Reviewed Nationally Accepted Médical Literature (Provide a description)

- Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)