

True Decisions Inc.
An Independent Review Organization
512 W M L K Blvd. PMB 315
Austin, TX 78701
Email: truedecisions@irosolutions.com
True Decisions Inc.

Phone Number:
(512) 298-4786

Fax Number:
(512) 872-5099

Notice of Independent Review Decision

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:

Left knee arthroscopy / meniscal debridement / chondroplasty

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 records indicate the patient was seen on xx/xx/xx and stated she stepped with one foot onto cement and lost her footing. She described missing the step and twisting the left knee and left foot. Physical examination showed the left knee had no deformities, no ecchymosis, and no joint effusion, and there was a negative drawer sign. The patient was tender over the lateral collateral ligament, and in the popliteal area. She was neurovascularly intact. On 08/18/14, an MRI of the left knee was obtained, revealing non-displaced and non-depressed fracture of the far posterior medial tibial plateau with reactive marrow edema along the epiphysis, metaphysis, and proximal diaphysis. There was a discoid lateral meniscus and increased signal was seen within the posterior horn of the medial meniscus without a tear.

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

On 10/17/14, a notification of adverse determination for the requested left knee arthroscopy, meniscal debridement and chondroplasty was performed and the rationale noted that clinical findings a feeling of giving way, locking, clicking, or popping and objective clinical findings of joint line tenderness, limited range of motion, locking, clicking, popping, or crepitus were not documented. In addition, it was noted that arthroscopy for older individuals was not as beneficial. On 11/22/14, a notification of reconsideration determination stated that exhaustion of failure of lesser measures had not been documented, while it was noted that the patient was having mechanical symptomatology with pain with ambulation. The submitted records indicate that the MRI reveals increased signal within the posterior horn of the medial meniscus without a tear. There is a discoid lateral meniscus with increased signal along the body approaching the free edge and inferior surface, indicative of a horizontal tear along the body of a partially discoid lateral meniscus. The most recent notes indicate the patient had 1+ effusion and patellar femoral crepitation was noted. She had full extension and flexed to 130 degrees. The records do not indicate failure of all lesser measures such as physical therapy, and the records do not indicate significant functional deficits for this individual. Therefore, it is the opinion of this reviewer that the request for left knee arthroscopy, meniscal debridement and chondroplasty 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)