

Applied Assessments LLC
Notice of Independent Review Decision

Case Number: XX

Date of Notice: 4/30/2018 3:50:59 PM CST

Applied Assessments LLC

An Independent Review Organization

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IRO REVIEWER REPORT

Date: 4/30/2018 3:50:59 PM CST

IRO CASE #: XXXXXX

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: Right knee arthroscopy, med/lat meniscectomy, chondroplasty, synovectomy, loose body removal, possible lateral release

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]: This case involves a XX with history of an occupational claim from XXXX. The mechanism of injury was detailed as occurring when the patient XX. The patient's diagnoses were documented tear of medial meniscus, current injury to the right knee. The MRI of the right knee from XXXX revealed medial meniscus tear with low-grade sprain of the posterior root. There was grade 1 mid distal superficial MCL sprain. There was posterior medial knee capsule sprain and mild cement membrane XX has tendinopathy. There was low-grade ACL sprain versus myxoid degeneration. Quadriceps fat pad contusion versus impingement. There was mild medial femoral-tibial compartment arthropathy without joint space narrowing and grade II chondromalacia. There was small knee joint effusion and small partially ruptured Baker's cyst. The progress note from XXXX notes patient was seen for follow-up of the right knee. The patient continues to have pain and continues to wear XX knee brace. The patient complained of right ankle and knee pain. The patient was XX. On examination, the patient had medial joint line tenderness, lateral joint line tenderness, positive McMurray's testing. The patient was to undergo a knee arthroscopy.

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

The official disability guidelines note that a meniscectomy is recommended for patients who have meniscal tear on MRI after failure of conservative treatment. A chondroplasty is recommended for patients who have a large unstable chondral deficit on MRI with physical examination findings. Loose body removal is indicated for patients who have symptoms noted consistent with a loose body and if there is evidence of a loose body on imaging studies. A lateral retinacular release is recommended for patient to completed conservative treatment. There needs to be evidence of

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lateral patellar tracking or recurrent effusion or patellar apprehension. There needs to be evidence of abnormal patellar tilt on x-ray, CT or MRI. The documentation indicates that the patient had continued complaints of pain despite conservative treatment including physical therapy, bracing and activity modification. The patient did have findings of a medial meniscal tear on MRI. The patient had medial and lateral joint line tenderness with positive McMurray's. However, there was no indication that the patient had evidence of a loose body on the MRI. There was also no indication that the patient had a lateral meniscus tear to support a lateral meniscectomy. The documentation failed to demonstrate evidence of lateral tracking patella or abnormal patellar tilt toward the requested lateral release. There was no clear evidence of a chondral deficit on the MRI provided for review.

As such, the request for right knee arthroscopy, med/lat meniscectomy, chondroplasty, synovectomy, loose body removal, possible lateral release is not medically necessary and the prior determination is upheld.

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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

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