

P-IRO Inc.

An Independent Review Organization

1301 E. Debbie Ln. Ste. 102 #203

Mansfield, TX 76063

Phone: (817) 779-3287

Fax: (888) 350-0169

Email: manager@p-iro.com

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DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: XX knee arthroscopy with partial XX of XX XX XX and removal loose bodies.

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 XXXX with a history of an occupational claim from XXXX. The mechanism of injury was detailed XXXX. The patient's diagnoses included bucket-handle tear of the XX meniscus of the XX knee. The patient's treatment history included activity modifications, physical therapy, anti-inflammatory medications and cortisone injections. The patient underwent an MRI of the XX knee on XXXX. It identified a bucket-handle tear of the XX meniscus with flipped fragment lying superior to the XX tibial XX of the knee, a XX cyst, XX knee status XX and moderate XX. The patient was evaluated on XXXX. On that day, the patient complained of ongoing XX knee pain with difficulty weightbearing and decreased range of motion. It was noted that the patient had previously requested surgery, but this had been denied by the carrier. Objective findings included tenderness over the XX lateral and XX joint line with XX and limited range of motion at 5 degrees in extension to 80 degrees in flexion. The patient also had a positive XX sign. Was noted that the previous radiograph identified mild XX compartment narrowing. The treatment plan included surgical management. This request was previously reviewed and received an adverse determination due to a lack of documentation of loose bodies or significant degenerative changes to warrant chondroplasty. All levels of appeals were exhausted, and an independent review was requested.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION: The Official Disability Guidelines recommend patient's with significant functional limitations of the knee and

clinical findings consistent with pathology identified on an imaging study who are not trending towards improvement with nonoperative treatment undergo surgical management. The clinical documentation submitted for review does indicate that the patient has been treated with standard nonoperative treatments. Additionally, the patient has mechanical symptoms to include a blocked knee with range of motion of 0 degrees to 80 degrees of the XX knee. Additionally, the patient has a positive XX sign and mild effusion. If the submitted imaging indicates that the patient does have a loose body and XX tear of the XX meniscus. In addition to this, there is mild XX compartment narrowing which would benefit from XX due to the patient's significant mechanical symptoms.

As such, the requested XX knee with partial excision of XX with loose bodies it is medically necessary. The previous decisions are overturned.

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

1. Official Disability Guidelines (ODG), Treatment Index, 16th Edition (web), 2018, Knee and Leg Chapter, meniscectomy. 2. Official Disability Guidelines (ODG), Treatment Index, 16th Edition (web), 2018, Knee and Leg Chapter, Loose body removal 3. Official Disability Guidelines (ODG), Treatment Index, 16th Edition (web), 2018, Knee and Leg Chapter, Chondroplasty