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Date notice sent to all parties: 03/25/19 (AMENDED 04/01/19)

IRO CASE #: XX

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

XX XX arthroscopy/debridement

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

Board Certified in Orthopedic Surgery
Diplomate of the American Board of Orthopedic Surgeons

REVIEW OUTCOME:

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)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

XX XX arthroscopy/debridement – Upheld

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient was injured on XX when XX XX from XX the XX XX and XX XX XX XX pop really loudly. XX had swelling following the pop. It was noted in the XX section, XX did not report the injury until XX. XX. examined the patient on XX. XX noted XX turned on XX and felt a pop in the XX XX followed by persistent pain. XX noted the XX would occasionally appear swollen and might continue to pop with movement. XX had mild tenderness over the XX XX, superior to the XX and over a spot lateral to the superior XX. XX had no visible swelling and had good range of motion with full flexion. There was some XX with XX stress, but there was no XX. The assessment was a XX XX strain and XX was referred for therapy. As of XX, XX had a lot of XX XX pain and XX had difficulty XX XX at XX. It was noted an MRI and therapy were still pending at that time. No abnormal exam findings were documented. The patient was then evaluated in therapy on XX. XX claimed the onset of XX XX pain after performing a pivot/twist to the XX followed by an audible pop at work on XX. XX had been XX a XX for support. XX XX range of motion was -5 to 100 degrees and strength was -3/5. It was noted the patient presented with XX medial XX tear limitations with abnormal gait, range of motion, strength, and balance deficits. The patient then attended therapy on XX and XX. XX. examined the patient on XX. XX and XX were prescribed and modified duty was continued. The patient was then reevaluated in therapy on XX. XX strength and range of motion were unchanged. XX had a moderately antalgic gait with XX XX drop and flat XX contact. A XX XX MRI was then obtained on XX and revealed lateral XX tilt with low grade XX of the lateral XX facet. There was mild XX XX, but there was no evidence of a XX tear. XX followed-up with the patient on XX. XX noted XX could only bend XX XX XX to 90 degrees before it became really painful. XX was very curious about XX MRI results. XX had tenderness of the undersurface of the XX. There was 90 degrees of flexion actively and passively. Strength was normal. The patient was referred to an orthopedic specialist. On XX, the carrier filed a XX XX-XX XX the diagnosis of XX XX internal XX, lateral XX XX, low grade XX of the lateral XX XX, and XX. XX examined the patient on XX. XX had XX XX XX pain. XX had symptoms of clicking, popping, catching, locking, XX of instability, difficulty XX, and swelling. XX had a PMH for XX and XX. XX was XX inches tall and weighed XX pounds. XX had a normal gait on exam and was non-tender to palpation throughout the XX. Strength was 5/5. There was no instability found in the XX XX and passively, range of motion was 0-120 degrees. Lachman's, XX, and XX instability testing were negative. The MRI was felt to show a moderate effusion, grade XX-XX XX injury of the lateral XX facet, and grade 3-4 injury of the XX aspect of the medial XX XX. The impression was a tear of the XX XX of the XX XX. XX felt the MRI findings of grade 3-4 XX of the XX aspect of the medial XX XX correlated with XX location of pain. XX also did have lateral XX XX and tilt with XX of the median XX and XX XX facet, which was noted to not be acute or related to this injury event. It was felt the medial XX XX lesion was likely the traumatic event. Injections and arthroscopy options were discussed and the patient wished to proceed with surgery. XX explained the concept of abrasion XX. On XX, IMO provided an adverse determination for the requested XX XX arthroscopy/debridement. The patient returned to XX on XX. XX was doing better with the XX XX, but did continue to have XX XX pain. XX was advised to follow-up with the orthopedist. XX was prescribed. On XX, IMO provided another adverse determination for the requested XX XX arthroscopy/debridement.

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

Given the MRI findings, there is no evidence of an acute injury, in my opinion. The XX XX MRI on XX, obtained about XX months post injury, revealed diffuse grade 1-2 XX of the XX XX facet, as well as mild prominence of the medial XX. Mild XX of the XX was noted, but there was no medial or lateral XX tears noted. When the patient was seen by XX on XX, XX had utilized medications and therapy, but had not had any injections. The exam documented a normal gait and no XX, swelling, or tenderness. Strength was 5/5 and the XX XX was stable. XX, XX, and XX laxity testing were negative. XX noted the MRI indicated grade 2-3 XX injury of the lateral XX facet and a grade 3-4 XX injury of the lateral aspect of the medial XX XX. At that time, XX indicated the options were injections or surgery and the patient wanted a long term option, wishing to proceed with surgery. Based on the recent note, there was no evidence of swelling, mechanical catching, effusion, or limited range of motion. In regard to arthroscopy for XX, the ODG notes this is not recommended, as arthroscopic lavage and debridement in patients with XX of the XX were no better than placebo surgery. It is also noted arthroscopic surgery provided no additional benefit compared to optimized XX and XX therapy. The ODG also notes arthroscopic surgery in the presence of significant XX XX should only rarely be considered for major, definite, and new mechanical locking/catching after the failure of non-operative treatment. In the ODG section regarding XX, it notes it is rarely recommended. The criteria include conservative care of medications or XX therapy plus; subjective clinical findings of joint pain and swelling and mechanical symptoms plus; objective findings of effusion, XX, or limited range of motion, as well as imaging findings of large unstable XX defect on MRI. Therefore, in my opinion, the requested XX XX arthroscopy/debridement is not appropriate, medically necessary, or in accordance with the ODG and the adverse determinations should be upheld at this time.

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**
- AHCPR- 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 JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TEXAS TACADA GUIDELINES
- TMF SCREENING CRITERIA MANUAL
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)