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DATE NOTICE SENT TO ALL PARTIES: 2/4/19

IRO CASE #: XX

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE
The item in dispute is the prospective medical necessity of XX XX scope to remove XX body, XX, XX and XX XX.

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION
The reviewer is a Medical Doctor who is board certified in Orthopedic Surgery. The reviewer has been practicing for greater than 10 years.

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)

The reviewer disagrees with the previous adverse determination regarding the prospective medical necessity of XX XX scope to remove XX, XX, XX and XX XX.

PATIENT CLINICAL HISTORY [SUMMARY]:
This patient is a XX-year-old XX who sustained an XX on XX. The mechanism of injury was described as a XX, XX on XX XX XX. The XX XX XX x-ray impression documented no acute fracture or dislocation of the XX XX, small XX space effusion, suspected XX XX body in the XX aspect of the XX joint on the XX view, and XX XX to the XX suggesting XX of a XX injection.

A review of records documented that initial conservative treatment included rest, ice, compression, elevation, XX, off XX, XX aspiration, XX and XX.

The XX XX XX MRI impression documented evidence of recent XX dislocation including contusions of the XX and XX, partial-thickness tearing of the XX/XX,

and stripping of the XX and XX insertions. There was a large full thickness XX defect overlying the XX and XX with probable displaced XX within the XX recess. The XX was abnormally flat. There was a grade 1 XX, moderate XX effusion, and XX.

The XX XX report indicated that the patient was seen for follow-up regarding XX MRI. Physical exam documented body mass index XX. XX XX exam documented moderate effusion tenderness to palpation over the XX and XX, XX of the XX and XX compartment, slightly decreased range of motion, full passive range of motion, normal strength, no instability, positive XX test, and positive XX test. X-rays and MRI were reviewed. X-rays of the XX XX showed XX of the XX and narrowing of the XX compartment. There was a suspected XX XX body in the XX aspect of the XX joint only seen on the XX view. MRI showed evidence of XX dislocation and XX defect of the XX and XX. The diagnosis included XX XX effusion, XX sprain, XX, XX body in the XX XX, and XX XX pain. XX had little relief with aspiration of XX on XX. Conservative treatment had included XX XX XX, XX, and medications. The treatment plan recommended XX XX scope with removal of XX body, XX XX, XX XX and XX.

On XX, authorization was requested for XX XX scope with removal of loose body, XX, XX, XX XX, and XX.

The XX utilization review denied the request for XX XX scope with removal of loose body, XX, XX, XX XX, and XX. The rationale noted that the clinical documentation indicated the patient had findings consistent with XX body and an XX defect and imaging evidence of a displaced XX fragment from a XX dislocation which was an indication for surgery. However, the request for surgery included “XX”. Further clarification was needed regarding the request for XX and why it was needed.

On XX, appeal authorization was requested for XX XX scope with removal of XX body, XX, XX, and XX XX. The diagnosis was documented as XX XX traumatic XX defect with XX body.

The XX utilization review denied the appeal request for XX XX scope with removal of loose body, XX, XX, and XX XX. The rationale stated that the submitted documentation did not provide evidence of an XX defect, functional limitations, mechanical catching or subjective complaints of swelling to establish the medical necessity of this request.

The XX orthopedic report cited complaints of continued XX XX pain with significant swelling, popping and catching. XX was unable to XX more than XX. XX XX exam documented moderate effusion, tenderness to palpation over the XX and XX line, XX of the XX and XX compartment, slightly decreased range of motion, full passive range of motion, normal strength, no instability, positive XX test, and positive XX test. X-rays of the XX XX showed XX of the XX and narrowing of the XX compartment. There was a suspected XX XX body in the XX

aspect of the XX joint only seen on the XX view. MRI of the XX XX showed evidence of XX dislocation and XX defect of the XX XX and XX. The diagnosis included XX XX joint XX, XX XX dislocation, effusion, XX sprain, XX, and XX body in the XX XX. The patient had little relief with aspiration of XX on XX. XX had been wearing a XX XX XX, using XX and taking XX and XX. XX had significant episodes of instability in the XX and frequent popping, catching, and locking. XX was unable to XX more than XX without significant pain and swelling and was unable to perform XX activities of XX XX due to pain. The treatment plan recommended XX XX scope with removal of the loose body, XX XX, XX XX and other indicated procedures (OIP).

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

The Official Disability Guidelines recommend XX body removal surgery where symptoms are noted consistent with a XX body, after failure of conservative treatment. Guideline criteria for XX include evidence of conservative care (medication or XX therapy), plus joint pain and swelling and mechanical catching, plus effusion or XX or limited range of motion, plus a large unstable XX defect on MRI. Guidelines criteria for XX include XX of failed conservative treatment (medications including XX injection and/or XX therapy and/or XX), pain and functional limitations continue despite conservative treatment, objective clinical findings (effusion, XX, or limited range of motion), and absence of moderate to severe XX changes on x-ray or MRI. Guidelines recommend XX XX XX (XX) as a second-line surgical option either after failure of initial XX repair or when a full-thickness XX defect is very large.

This patient presents with persistent XX XX pain with significant swelling and frequent popping, catching, and locking. XX is unable to XX more than XX and pain interferes with activities of daily living. Clinical exam findings have documented moderate effusion and XX, consistent with imaging evidence of a probable XX XX body in the XX aspect of the XX and large full thickness XX defect with probable displaced XX fragment within the XX recess. There is no imaging evidence documented consistent with moderate to severe XX changes. XX has failed reasonable and/or comprehensive conservative treatment including activity modification, medications, XX, XX assist devices, and aspiration. Guideline criteria have been met for the requested surgical procedures, including XX XX based on findings of the large full thickness XX defect of the XX and (XX) facet. Therefore, this request for XX XX scope to remove XX body, XX, XX and XX XX is medically necessary.

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)**