

Applied Independent Review
An Independent Review Organization

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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:

1 XXXX knee arthroscopy and possible lateral XX with XX and XX

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)

XXXX. XXXX was diagnosed with other tear of the lateral XX, current injury, XXXX knee, subsequent encounter (XX.).

XXXX for continued swelling and pain in the XXXX leg. XXXX stated that the XXXX knee felt like it wanted to catch and hang up. It was swollen and hurt. XXXX was at full duty. XXXX was not having persistent pain in the shoulder. XXXX had discomfort in the medial XXXX knee. On examination, XXXX definitely had XX of the XX collateral ligament (XX) of the XXXX knee. XXXX had a large XX on the XX side of the XXXX knee, and the XX XX on the XXXX side was definitely more than XXXX. XXXX assessed continued swelling and pain in the XXXX knee. XXXX opined that it was not common after an XX strain / sprain to have some persistent XX. XXXX had XX and XX joint line soreness with direct pressure and McMurray's testing, but XXXX anterior cruciate ligament (ACL) stability was good. XXXX had full extension, flexed to XX degrees, but actually had very moderate XX in the XXXX knee. XXXX had good XX pulses but had some pitting XX to the upper XX. XXXX was thinking about having an arthroscopic surgery on the knee. XXXX opined that there obviously was something in the joint causing the irritation for XXXX to have that much XX in the knee. If XXXX actually had XX and catching, then it would seem that XXXX had an unstable XX fragment that was causing the symptoms.

Per a note dated XXXX, XXXX had spoken with XXXX, and XXXX concern was that XXXX's symptoms were primarily medial, but the tear was XX. XXXX stated that XXXX was not sure that the lateral XX was causing the symptoms, and most of XXXX pain was medial, it could just be from the XX tear. XXXX had some issues of catching and locking that sounded like it might be an unstable XX fragment.

On XXXX, XXXX returned to XXXX for a follow-up. XXXX pain was medial, but the apparent tear in the meniscus was XX. On examination, XXXX had just a slight XX. XXXX was very sore medially. While bending the knee down only about XX degrees, XXXX stated the knee felt like it shifted, but obviously, it did not shift, it was bent down XX degrees, and there was no shifting, popping, or catching. While stressing the XX, it was more stable than on XXXX XX side. XXXX looked completely normal XX. XXXX was allowed to return to work on XXXX. XXXX was kept on full duty at the time. XXXX noted they would try and get authorization again and explained to XXXX that they were not going to authorize surgery for subjective complaints where there was no evidence of any tissue damage underneath that area of complaint.

The treatment to date included medications (XXXX), durable medical equipment including crutch and cane with help, physical therapy, which was painful.

Per a utilization review determination letter and peer review dated XXXX, the request for one XXXX knee arthroscopy and possible lateral XX with XX and XX between XXXX was denied. Rationale: "Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced below, this request is non-certified. In this case, the patient continued to complain of XX-sided knee pain. I did speak to the ordering surgeon. XXXX notes that the patient's pain is medially, and XXXX actually has no pain at the XX joint line. XXXX notes a XX McMurray's. XXXX notes no effusion. XXXX notes a full range of motion. XXXX notes no mechanical symptoms. XXXX actually confirms the patient's pain symptoms do not correlate with a XX XX tear. As such, the current surgical request is not fully supported."

Per a reconsideration review determination letter and peer review dated XXXX, the appeal for one XXXX knee arthroscopy and possible XX XX with XX and XX between XXXX was not approved. Rationale: "Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced below, this request is non-certified. There was a limited clinical indication for the requested treatment, as the current symptoms were inadequate of significant pathology or objective findings. There were no additional medicals noting significant objective changes in the medical records submitted to address the previous reasons for denial."

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

The ODG supports the use of operative intervention is an option for the management of XX tears. The documentation indicates a XX XX tear and the primary pain complaint is over the XX joint line. Additionally, the physical examination is noted to be relatively benign and there is no evidence of significant pathology in the medial compartment which would account for the current symptoms. Based on the documentation which is available, the submitted CPT codes for partial XX, XX, and XX would not be supported. While the ODG would potentially support progression to a diagnostic arthroscopy given the persistent subjective complaints and lack of evidence of pathology on imaging that would account for the current symptomology, the submitted CPT codes for the XX, XX, and XX would not be supported. As such, medical necessity has not been established and the denial is upheld.

A description and the source of the screening criteria or other clinical basis used to make the decision:

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- ACOEM-America College of Occupational and Environmental Medicine um knowledgebase AHRQ-Agency for Healthcare Research and Quality Guidelines
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- 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
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- Milliman Care Guidelines
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- ODG-Official Disability Guidelines and Treatment Guidelines Pressley Reed, the Medical Disability Advisor
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- Texas Guidelines for Chiropractic Quality Assurance and Practice Parameters Texas TACADA Guidelines
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- TMF Screening Criteria Manual
- Peer Reviewed Nationally Accepted Médical **Literature** (Provide a description)

Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)