



**MEDICAL EVALUATORS
OF T E X A S ASO, L.L.C.**

2211 West 34th St. • Houston, TX 77018
800-845-8982 FAX: 713-583-5943

Notice of Independent Review Decision

DATE OF REVIEW: X

IRO CASE #:X

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
X.

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

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW
X



EMPLOYEE CLINICAL HISTORY [SUMMARY]:

The claimant is a X.

Multisequence and Multiplanar Imaging of the Lumbar Spine dated X reported “The inferior most dominant vertebra is taken to be X. X is a X. There is X. Degenerative disk desiccation, retrolisthesis and disk narrowing at X. X to X mm left paracentral extrusion causes severe spinal canal stenosis and effaces left subarticular recess, compressing left X nerve root. Correlate clinically for left X radiculopathy. Other nerves in the left side of the canal are displaced posteriorly. Disk narrowing and retrolisthesis causes mild to moderate left and mild right foraminal narrowing at X. The remaining lumbar levels are normal.”

Progress Note from X by Dr. X dated X documented that the claimant is an X who sustained an injury on X while X. Documented physical examination reported palpation of medial and diffuse lateral joint line tenderness present. The claimant was diagnosed with an initial encounter tear of the lateral meniscus of the left knee and an initial encounter of a new tear of the anterior cruciate ligament of the left knee. X was recommended.

MRI Left Knee Report from X dated X reported “Horizontal tear in the body of the lateral meniscus. Marrow edema, acute on chronic, to the lateral femoral condyle with a focal area of a developing AVN. Focal chondromalacia and subchondral degenerative marrow signal change along the lateral facet of the patella.”

Initial Adverse Determination Letter from X dated X denied the request for X. It stated that the medical records did not show that the claimant had failed conservative care such as exercise or physical therapy. It also stated that there was no documentation of locking or clicking of the knee on physical examination and there



were no objective findings consistent with anterior cruciate ligaments such as a positiveX test or positive pivot shift test or positive anterior drawer sign or findings on MRI. So, the guideline criteria for the requested services are not met, and the medical necessity has not been established.

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

This case involves a X with a history of an occupational claim from X. The mechanism of injury was the claimant twisted X left knee while X. The current diagnoses are other tear of lateral meniscus, current injury, left knee, initial encounter, and sprain of anterior cruciate ligament of the left knee, initial encounter. Comorbidities was identified as a BMI of 33.81. On X, the claimant presented with popping and locking of the left knee (mechanical symptoms) with ambulation. X stated that X does use knee immobilization while working. X did attempt to do exercise at home, but the pain was excruciating. Pain level was X. Examination of the left knee showed X. The range of motion was full. Positive X.

Magnetic Resonance Imaging of the left knee showed a horizontal tear in the body of the lateral meniscus and marrow edema, acute on chronic, to the lateral, femoral condyle with a focal area of developing avascular necrosis. A prior review dated X non-certified the request for X. This review pertains to the request for reconsideration of X. There is clear documentation of mechanical locking and failed home exercise program.



The ODG guidelines state that younger patients with mechanical locking do not have to fail a trial of formal therapy and can be indicated for X in absence of osteoarthritis. ACL repair or reconstruction may be indicated when there is instability noted on the exam and by history (2A Lachman and positive drawer testing). ODG Guidelines, Knee and Leg Section, Meniscectomy or Meniscal Repair for Knee and Leg Conditions, updated Feb 12, 2021, recommended as indicated below for symptomatic posttraumatic meniscus tears in younger patients. Not recommended for osteoarthritis (OA). In the absence of major mechanical locking or for older patients with degenerative meniscus tears who are more appropriately treated with physical therapy/exercise. Whether or not meniscal surgery is performed, meniscus tears increase the risk of subsequently developing OA by up to 5.7 times. ODG Criteria ODG Indications for Surgery- Meniscectomy or meniscal repair: Meniscal repair is preferred when feasible for carefully selected tears in the absence of degenerative arthritis, especially when combined with anterior cruciate ligament reconstruction, although small stable tears are best left alone. Physiologically, younger and more active patients with traumatic obstructive tears, when associated with knee instability, or following the failure of nonoperative treatment.

In summary, the claimant is a X. Based on the ODG Guidelines used in decision-making, as well as the clinical documentation stated above, the request for X is considered medically necessary.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING
CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE
DECISION:**



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- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGBASE**
- 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**

ODG Criteria