

Notice of Independent Review Decision

X:

IRO Case number: X

Description of the services in dispute

X

Description of the qualifications for each physician or 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)

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

Information provided to the IRO for review

X

Patient clinical history

The claimant is a X-year-old diagnosed with complex tear of medial meniscus, current injury (X) and other tear of medial meniscus, current injury, left knee, subsequent encounter (X). This review is to determine the medical necessity of X.

The Progress Notes by X dated X stated that the claimant was not improving. Physical examination noted X. The claimant currently ambulates with crutches and is off of work. X was instructed to continue with X.

The Image Report by X dated X stated that there was a, "X."

Next, the Progress Notes by X dated X stated that the claimant acquired an injury at work on X during a use of force action. X went to the emergency department that same day. X-Rays were X. By X, X knee was not improving. It was documented that from X to X that the claimant's condition had been improving. By X, there were no reported changes in X condition and the claimant reported that X had difficulty tolerating work restrictions. The claimant had tried X. As evidenced from the X.

The Appeal of Utilization Review Denial -Adverse Determination Letter by X dated X stated that, "On behalf of the carrier /payor noted above, we decided that the services or treatments described below are not medically necessary or appropriate, this means that we do not approve these services or treatment. This decision is the result of the appeal/reconsideration that was requested for the below treatment: X."

The Utilization Review – Notice of Adverse Determination Letter by X dated X stated that, “On behalf of the carrier/payor noted above, we decided that the services or treatments described below are not medically necessary or appropriate. This means that we do not approve of these services or treatment. X.

Analysis and explanation of the decision, including clinical basis, findings, and conclusions used to support the decision.

The claimant is a X year-old X with a BMI of 51.12. An MRI of the right knee completed on X revealed a X. There was also a X. And the X. There is also X. The claimant had had X as of X, as well as a X. According to the ODG, arthroscopy in order to manage a X. A BMI over 50 indicates severe obesity. A BMI over 50 can negatively impact the surgical and recovery. Challenges with high BMI include difficulty with surgical access. Higher BMI can make it technically challenging for the surgeon to X due to increased tissue thickness. There are added challenges with the risk of complications. Obesity is associated with an increased risk of surgical complications, wound healing issues, and infection. Anesthesia considerations are also noteworthy. Anesthesia management may be more complex in patients with obesity. With an adequate shared decision process, the BMI over 50 does not in and of itself preclude the act of X.

The claimant does not have X. The claimant has been through an approved course of X. With continued mechanical symptoms confirmed by a X .

In summary, the requested X is now indicated for this claimant. Therefore, it is the professional opinion of the medical reviewer to overturn the decision to deny the claimant of X due to medical necessity.

Description and source of the screening criteria or other clinical basis used to make the decision

- ACOEM - American College of Occupational and Environmental Medicine Um Knowledgebase
- AHRQ - Agency for Healthcare Research and 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

Meniscectomy, Knee.