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Notice of Independent Review Decision

IRO Reviewer Report

X

IRO Case #: X

Description of the service to 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:

Overturned

Information Provided to IRO for Review:

X

Patient Clinical History [Summary]:

All of the listed records were reviewed.

The member is a X who sustained an injury on X. The member sustained an injury X.

The member was diagnosed with complex tear of the lateral meniscus of the right knee, other tear of lateral meniscus of the right knee, chondromalacia of the right knee, pain in the right knee, sprain of medial collateral ligament of the right knee, sprain of posterior cruciate ligament of the right knee, sprain of anterior cruciate ligament of the right knee, and sprain of lateral collateral ligament of the right knee.

According to a visit by X, N.P., dated X, the member presented for clearance. X-rays were X, and there was no pain. The member had been able to work normally and would have clearance to return without restriction. The physical examination revealed X. The diagnosis was a right ankle sprain. The plan included a X as needed.

A magnetic resonance imaging of the right knee was performed on X, revealing X. No significant X. X. Small grade X weight-bearing medial femoral condyle (MFC) and grade X patellofemoral chondromalacia. Moderate anterior cruciate ligament and posterior cruciate ligament myxoid changes or grade X sprain with adjacent fluid/synovitis. Mild proximal Lateral Collateral Ligament complex sprain. Intact medial collateral ligament. Medial meniscus contusive or mucoid changes and grade X root ligament sprain. No surfacing tear. Abnormal lateral meniscus, central posterior horn, and posterior root attachment with irregular morphology. Consider Mucoid degeneration or age-indeterminate tearing/scarring. Mild-to-moderate proximal popliteus tendinosis with interstitial tearing and peritendinous fluid. Mild distal quadriceps tendinosis.

According to a visit by X, N.P., dated X, the member reported

the pain was worse with weight bearing and flexion. The member had decreased flexion and continued with intense pain on the lateral side intermittently with a certain position. The member was taking X for the pain, and the X. The physical examination revealed X. The diagnosis was an unspecified injury of the right lower leg. The plan included magnetic resonance imaging if needed, reevaluation on X if the X.

According to a work status report dated X, the member was allowed to return to work with restrictions as of X.

According to a visit by X, N.P., dated X, the member presented with complaints of right knee pain rated X as well as hip pain. The member stated the right knee pain had not improved, especially with movement. The X helped, and the member has been wearing it daily. The physical examination revealed X. The diagnosis was an unspecified injury of the right lower leg. The plan included X.

According to a visit by X, N.P., dated X, the member presented with complaints of the right knee that started approximately X months ago. The member was initially seen at the emergency room, where x-rays were performed, which were X. The member was given a X, prescribed X, and placed in a X. The member stated the pain had not improved at all, and it was painful to stand/walk. The member used X as well as X. The member presented X. The pain was rated X. The physical examination revealed X right knee effusion, tenderness about the lateral collateral ligament, tenderness around the superior aspect of the patella, full extension but limited flexion to X degrees, and a X McMurray test. The diagnoses were a pain in the right knee, sprain of the medial collateral ligament of the

right knee, sprain of the anterior cruciate ligament of the right knee, sprain of the posterior cruciate ligament of the right knee, and another tear of the lateral meniscus of the right knee. The plan included an X-ray of the right knee, discontinuing the X.

According to a work status report dated X, the member was not allowed to return to work as of X and was expected to continue through X.

According to an initial physical therapy examination by X, P.T., dated X, the member presented with a status post right knee injury. The member had been out of work since the injury. The member was in a X. The member was able to ambulate around the home, but picking the children up or turning the neck wrong increased the right knee pain. The member also reported that the right knee buckled. The member also reported intermittent swelling in the right knee, which was made worse by the end of the day. The member was prescribed X at the emergency room, but ran out of this and was not taking X for pain. The pain was described as sharp and achy, throbbing at night, and popping and catching in the joint. The pain was rated X at worst, X at best, and X currently. The physical examination revealed X. Right knee edema appeared to be more around mid-patella, and knee pain fluctuated daily and was worse sometimes by the end of the day. There was decreased weight bearing on the right lower extremity vs left lower extremity, decreased right heel-to-toe pattern, decreased right knee extension with initial stance, decreased right knee flexion with swing, and decreased cadence. There was muscle atrophy in the right quadriceps, VMO, hamstrings, and gastrocnemius. The passive range of motion of the right hip revealed flexion to X degrees, internal rotation to X degrees, and external rotation to X degrees. The active range of

motion of the right knee revealed flexion to X degrees and extension to X degrees. The passive range for motion revealed flexion to X degrees and extension to X degrees. There was decreased bilateral hip, knee, and ankle gross muscle testing. There was increased pain with any manual muscle testing of the right hip, knee, and ankle. The member was very guarded throughout the testing. There was a X anterior drawer, posterior drawer, Lachman's, medial rotation, and lateral rotation of the right knee. There was increased right knee pain with Apley's compression test, but no specific pop or catch was noted. The member was too guarded to do a full McMurray test. The member did not allow the physical therapist to flex the right knee or perform internal rotation and external rotation distally due to increased pain. The diagnoses were sprain of the medial collateral ligament of the right knee, sprain of the anterior cruciate ligament of the right knee, and sprain of the posterior cruciate ligament of the right knee. The plan included X.

According to a visit by X, M.D., dated X, the member presented with right knee pain rated X. The member reported there was no significant relief from the X that was received in the last office visit, and had completed X. The physical examination revealed X right knee effusion, tenderness about the lateral collateral ligament, tenderness around the superior aspect of the patella, there was full extension but limited flexion to X degrees, and a X McMurray test, which reproduced the lateral joint line pain. The diagnoses were pain in the right knee, other tear of the lateral meniscus of the right knee, sprain of the medial collateral ligament of the right knee, sprain of the posterior cruciate ligament of the right knee, sprain of the anterior cruciate ligament of the right knee, and sprain of lateral collateral ligament of the right knee. The plan included returning to X.

According to a work status report dated X, the member was not allowed to return to work as of X and was expected to continue through X.

According to a visit by X, M.D., dated X, the member presented with right knee pain rated X. The member presented it in a X. The physical examination revealed X. The diagnoses were a complex tear of the lateral meniscus of the right knee and chondromalacia of the right knee. The plan included a return to X and a X.

According to a visit by X, M.D., dated X, the member presented with right knee pain rated X and was in a X. The member complained of painful instability episodes X times per week. The member was unable to work because of X. The member was treated with X. The member was using X. The physical examination revealed X. The diagnosis was other tear of the lateral meniscus of the right knee. The plan included X.

X

Overturned

The Analysis and explanation of the decision include clinical basis, findings, and conclusions used to support the decision. In this case, the member sustained an injury on X. The member sustained an injury while X. The member presented with right knee pain. The member presented in X. The physical examination revealed X. There was pain with flexion and extension of the knee, with anterior and posterior drawer laxity test, and pain with direct patellar pressure, X McMurray in the

medial joint compartment for reproducible pain with stress rotation. Mild crepitance was noted with motion, and the member was not able to extend to X degrees of full extension and flex to X degrees. A magnetic resonance imaging of the right knee revealed a X. Small grade X weight-bearing medial femoral condyle (MFC) and grade X patellofemoral chondromalacia. Moderate anterior cruciate ligament and posterior cruciate ligament myxoid changes or grade X sprain with adjacent fluid/synovitis. Mild proximal lateral collateral ligament complex sprain. Medial meniscus contusive or mucoid changes and grade X root ligament sprain. Abnormal lateral meniscus, central posterior horn, and posterior root attachment with irregular morphology. Mild-to-moderate proximal popliteus tendinosis with interstitial tearing and peritendinous fluid. Mild distal quadriceps tendinosis. Based on the medical records provided for review, the member has right knee pain following a work injury on X. The member has a diagnosis of a meniscus tear. Magnetic resonance imaging (MRI) reveals X. The request is for X. A previous request was not certified because there is no X. However, the member has noted X. The member is now X. The exam shows pain with flexion and extension of the knee, along with anterior and posterior drawer laxity. The member experiences pain with direct patellar pressure. McMurray's test is X in the medial joint compartment for reproducible pain with stressed rotation. Dr. X assessment on the X visit note stated that the member has undergone X. The member now has painful instability in the knee due to a lateral meniscus tear. The request for a X is medically necessary.

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

ODG by MCG
Last review/update date: X
X

ODG by MCG
Last review/update date: X
X

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Last review/update date: X
X