



Specialty Independent Review Organization

**DATE OF REVIEW:** 4/2/2007

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

The service in dispute is a right knee abrasion arthroplasty (includes chondroplasty) with lateral meniscectomy

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

The reviewer is a Doctor of Osteopathy who is Board Certified in Orthopedic Surgery and has greater than 10 years of experience in this field.

**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 a right knee abrasion arthroplasty (includes chondroplasty) with lateral meniscectomy.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Letters: 2/20 and 3/12/2007.

Records Doctor/Facility:

Texas Dept of Insurance, Letter: 3/13/2007.

MD, Reports: 5/8/2006 to 1/31/2007.

MD, Report: 10/18/2006.

PT, Reports: 4/25/2006 to 1/4/2007.

Op Note: 5/30/2006.

MRI: 1/24/2007.

DO, Report: 9/6/2006.  
MRI Group, MRI: 5/1/2006.  
Additional Records from URA:  
Letter: 3/13/2007.

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

This female fell down stairs at work and injured her right. Patient complained of the knee giving away, popping associated with pain. Patient was treated conservatively and did not improve.

MRI on 05/01/2006 revealed a torn lateral meniscus. Patient underwent arthroscopic surgery with a partial lateral meniscectomy on 05/30/2006. Following the surgery she had marked improvement of the symptoms, and now has increasing pain in her right knee. Treatment has been conservative with multiple injections and physical therapy. Patient describes her pain as most severe with ambulation.

MRI of 01/24/2007 revealed a probably tearing of the lateral meniscus. Physical examination reveals tenderness on the joint lines, negative cruciate test and collateral ligament test, and restricted range of motion 0-112 degrees.

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

This female injured her right knee. Conservative treatment failed and the MRI confirmed the physical diagnosis of a torn lateral meniscus. A partial lateral meniscectomy was carried out and the patient progressed well for several months; however, the patient has developed symptoms in her knee that are more severe than before surgery associated with catching, recurrent swelling, and pain. The MRI revealed an apparent tear of the lateral meniscus. This is quite common with arthroscopy because the portion of the meniscus that is torn has been removed, but due to the poor blood supply the meniscus can retear which may require an additional surgery.

The chondromalacia may be debrided but in a young individual, an attempt should be made to stimulate new cartilage. It is anticipated that if another decade could be obtained by doing an abrasion chondroplasty, then the surgery is indicated.

Arthroscopic abrasion chondroplasty was first advocated by Dr.. At the 2-year follow up, there was a 78% improvement in patient's complaints. Abrasion chondroplasty is contraindicated in patients with inflammatory arthritis, significant knee stiffness, deformity, or instability and in those patients who are unwilling to

comply with two months of non-weight bearing after surgery. This patient does not have these contraindications.

**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)
  - L Johnson: Arthroscopic Abrasion Arthroplasty, Operative Arthroscopy, 2nd Edition.
  - Campbell's Operative Orthopedics, 10th Edition, pp 117-118.
  - Miller and Cole: Textbook of Arthroscopy.
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)