

MATUTECH, INC.

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DATE OF REVIEW: OCTOBER 8, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Arthroscopic evaluation of right knee to evaluate the undersurface of patella and menisci (CPT code 29875)

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: [Board certified Orthopaedic Surgeon with fellowship training in Sports Medicine.

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

x Upheld (Agree)

Medical documentation does not support the medical necessity of Arthroscopic evaluation of right knee to evaluate the undersurface of patella and menisci.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

M.D.

- _ Office notes (07/30/07 - 08/20/07)
- _ Radiodiagnostic (05/08/07)

Services, Inc.

- _ Office notes (05/18/07 – 08/20/07)
- _ Radiodiagnostic (05/08/07)
- _ Utilization reviews (08/27/07 - 09/11/07)

ODG guidelines provided for the denials.

PATIENT CLINICAL HISTORY [SUMMARY]:

This is a male who felt a loud pop in his right knee while bending to put a tool down at work. He had immediate pain and burning sensation in the front of the knee.

Magnetic resonance imaging (MRI) of the right knee revealed mild medial collateral ligament (MCL) sprain. Following this, the patient was treated with physical therapy (PT) without significant improvement. PA-C, prescribed medications and recommended home exercises. M.D., an orthopedic surgeon, noted complaints of giving way of the right knee with occasional catching and locking. The patient

described pain over the medial and anterior aspect of the knee and an antalgic gait. On examination, there was tenderness over the posterior horn of the medial meniscus and about the patella with patellofemoral thud on flexion and extension of the knee. There was a tender medial patellar plica. Dr. assessed right knee sprain with pathologic patellar plica and chondral fracture of the articular surface of the patella. He recommended arthroscopic evaluation of the undersurface of the patella as well as the menisci.

The arthroscopic surgery was non-certified. Rationale: *Clarification is needed regarding clinical indications to pursue this procedure. Based on the clinical information submitted for this review and using evidence-based peer-reviewed guidelines, the request is not indicated.*

An appeal for reconsideration of surgery was non-certified. Rationale: *Clarification is needed regarding clinical indications to pursue this procedure. Records do not reflect lower levels of care have been exhausted and the MRI was negative. Based on the clinical information submitted for this review and using the evidence-based peer-reviewed guidelines, the request is not indicated.*

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

MR. SUSTAINED AN ATRAUMATIC TWISTING INJURY TO HIS RIGHT KNEE. REVIEW OF THE MEDICAL DOCUMENTATION DOES NOT SUPPORT AN OBJECTIVE DIAGNOSIS OF MENISCAL TEAR. THERE IS NO DOCUMENTATION OF AN EXAMINATION TO INCLUDE PROVOCATIVE TESTS OF THE MENISCUS OTHER THAN A MENTION OF 'TENDERNESS OVER THE POSTERIOR HORN OF THE MEDIAL MENISCUS.' PROVOCATIVE MANEUVERS SUCH AS McMURRAY, STEINMANN, OR APLEY TESTS WOULD BE USEFUL IN SUPPORTING THE DIAGNOSIS IN THE ABSENCE OF MRI CONFIRMATION. IN ADDITION, I CAN FIND ONLY ONE DOCUMENTED VISIT TO PHYSICAL THERAPY WHICH WOULD NOT CONSTITUTE A FAILURE OF CONSERVATIVE TREATMENT. DUE TO THE LIMITED CONSERVATIVE TREATMENT PROVIDED, INCOMPLETE PHYSICAL EXAMINATION OF THE KNEE, AND THE ABSENCE OF MENISCAL OR ARTICULAR PATHOLOGY ON MRI, ARTHROSCOPIC EVALUATION OF THE KNEE IS NOT INDICATED AT THIS TIME.

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

- X MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

- X ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES