

P-IRO Inc.

An Independent Review Organization
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DATE OF REVIEW: September 5, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Outpatient left knee scope partial medial meniscectomy

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

Board Certified Orthopedic Surgeon

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

Designated doctor examination, Dr. , 04/06/04
Office note, Dr. 06/24/04
Office note, Dr. 09/21/06
Office notes, Dr. 10/10/06, 10/31/06, 11/09/06
Office note, Dr. 10/12/06
X-rays L knee, 10/30/06
MRI Left Knee, 10/30/06
Pre-Op H&P, 11/16/06
Center Booking Form, 11/16/06
Review Decisions, 11/16/06, 07/26/07
Letter to Dr. 07/05/07
Notification of Determination, 07/10/07
Request for IRO, 08/23/07

PATIENT CLINICAL HISTORY [SUMMARY]:

HEALTH AND WC NETWORK CERTIFICATION & QA 9/24/2007
IRO Decision/Report Template- WC

The claimant is a male worker who suffered an unspecified left knee injury. The medical records indicated that he underwent left knee anterior cruciate ligament reconstruction and partial medial and lateral meniscectomies on 01/08/04. He returned to work full duty but complained of persistent left knee pain and swelling. An MRI of the left knee on 10/30/06 showed postoperative changes with evidence of a partial thickness tear and impingement of the midportion of the anterior cruciate ligament reconstruction graft as well as evidence of a tear in the remaining posterior horn of the medial meniscus. On 11/16/06 Dr. requested authorization of a left knee arthroscopy, partial medial meniscectomy and possible re-do anterior cruciate ligament reconstruction. The request was denied by the insurance carrier. Dr. resubmitted clinical information on 07/05/07 and notification of non-certification of left knee arthroscopy with partial medial meniscectomy was documented on 07/10/07 and 07/26/07.

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

Based on a careful review of all medical records, the Reviewer would agree with the determination of the insurance carrier in this case. Although discomfort complaints have been suggested as well as some McMurray findings which could go along with the MRI findings of a tear at the meniscal remnant, there has been no documentation of conservative care including anti-inflammatory medication or the consideration of an injection. An anti-inflammatory injection would be perfectly appropriate given some of the degenerative findings seen in this knee. Regarding the anterior cruciate considerations, the treating physician did not attempt to perform a pivot shift or any other instability tests on October 10, 2006. There are no other medical notes to suggest that instability testing has been performed or that true functional instability exists. When one applies the Official Disability Guidelines criteria for meniscal surgery, there is no documentation to suggest that this patient has failed physical therapy or medications. There was the documentation of a McMurray sign, but it only occurs in one note. When one looks to the Official Disability Guidelines criteria for anterior cruciate ligament reconstruction, this is a patient who has already been reconstructed. There is simply no documentation of a positive Lachman maneuver or a positive pivot shift maneuver. The MRI does not suggest complete disruption. As such, the Reviewer does not believe that this case fits the criteria as outlined above.

Official Disability Guidelines Treatment in Workers' Comp 2007 Updates: Knee –

Diagnostic Arthroscopy: Recommended as indicated below.

ODG Indications for Surgery™ -- Diagnostic arthroscopy:

Criteria for diagnostic arthroscopy:

- 1. Conservative Care:** Medications. OR Physical therapy. PLUS
- 2. Subjective Clinical Findings:** Pain and functional limitations continue despite conservative care. PLUS
- 3. Imaging Clinical Findings:** Imaging is inconclusive.
([Washington, 2003](#)) ([Lee, 2004](#))

Meniscectomy: Recommended as indicated below.

Meniscectomy is a surgical procedure associated with a high risk of knee osteoarthritis (OA). One study concludes that the long-term outcome of meniscal injury and surgery appears to be determined largely by the type of meniscal tear, and that a partial meniscectomy may have better long-term results than a subtotal meniscectomy for a

degenerative tear. ([Englund, 2001](#)) Another study concludes that partial meniscectomy may allow a slightly enhanced recovery rate as well as a potentially improved overall functional outcome including better knee stability in the long term compared with total meniscectomy. ([Howell-Cochrane, 2002](#)) The following characteristics were associated with a surgeon's judgment that a patient would likely benefit from knee surgery: a history of sports-

related trauma, low functional status, limited knee flexion or extension, medial or lateral knee joint line tenderness, a click or pain noted with the McMurray test, and a positive Lachmann or anterior drawer test. ([Solomon, 2004](#)) Our conclusion is that operative treatment with complete repair of all torn structures produces the best overall knee function with better knee stability and patient satisfaction. In patients younger than 35, arthroscopic meniscal repair can preserve meniscal function, although the recovery time is longer compared to partial meniscectomy. Arthroscopy and meniscus surgery will not be as beneficial for older patients who are exhibiting signs of degenerative changes, possibly indicating osteoarthritis, and meniscectomy will not improve the OA. ([Harner, 2004](#)) ([Graf, 2004](#)) ([Wong, 2004](#)) ([Solomon-JAMA, 2001](#)) ([Chatain, 2003](#)) ([Chatain-Robinson, 2001](#)) ([Englund, 2004](#)) ([Englund, 2003](#)) ([Menetrey, 2002](#)) ([Pearse, 2003](#)) ([Roos, 2000](#)) ([Roos, 2001](#)) Arthroscopic debridement of meniscus tears and knees with low-grade osteoarthritis may have some utility, but it should not be used as a routine treatment for all patients with knee osteoarthritis. ([Siparsky, 2007](#))

ODG Indications for Surgery™ -- Meniscectomy: Criteria for meniscectomy or meniscus repair:

- 1. Conservative Care:** (Not required for locked/blocked knee.) Physical therapy. OR Medication. OR Activity modification. PLUS
- 2. Subjective Clinical Findings:** Joint pain. OR Swelling. OR Feeling of give way. OR Locking, clicking, or popping. PLUS
- 3. Objective Clinical Findings:** Positive McMurray's sign. OR Joint line tenderness. OR Effusion. OR Limited range of motion. OR Locking, clicking, or popping. OR Crepitus. PLUS
- 4. Imaging Clinical Findings:** (Not required for locked/blocked knee.) Meniscal tear on MRI. ([Washington, 2003](#))

Anterior cruciate ligament (ACL) reconstruction: Recommended as indicated below. An examination of all studies that compared operative and conservative treatment of anterior cruciate ligament (ACL) rupture found that outcomes in the operative groups were generally better than in the conservative groups for younger patients, but outcomes are worse in older patients (age beyond 50-60 years). ([Hinterwimmer, 2003](#)) ([Linko-Cochrane, 2005](#)) Morbidity is lower for hamstring autografts than for patellar tendon autografts used for ACL reconstruction. ([Biau, 2006](#))

ODG Indications for Surgery™ -- Anterior cruciate ligament (ACL) reconstruction:

- 1. Conservative Care:** (This step not required for acute injury with hemarthrosis.) Physical therapy. OR Brace. PLUS
- 2. Subjective Clinical Findings:** Pain alone is not an indication for surgery. Instability of the knee, described as "buckling or give way". OR Significant effusion at the time of injury. OR Description of injury indicates rotary twisting or hyperextension incident. PLUS
- 3. Objective Clinical Findings (*in order of preference*):** Positive Lachman's sign. OR Positive pivot shift. OR (*optional*) Positive KT 1000 (>3-5 mm = +1, >5-7 mm = + 2, >7 mm = +3). PLUS

4. Imaging Clinical Findings: (Not required if acute effusion, hemarthrosis, and instability; or documented history of effusion, hemarthrosis, and instability.) ACL disruption on: Magnetic resonance imaging (MRI). OR Arthroscopy OR Arthrogram. ([Washington, 2003](#)) ([Woo, 2000](#)) ([Shelbourne, 2000](#)) ([Millett, 2004](#))

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)

**OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME
FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**