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**Notice of Independent Review Decision**

**DATE OF REVIEW:** 12/15/2008

**IRO CASE #:**

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

Right Knee arthroscopy medical necessity

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

This case was reviewed by a Texas licensed MD, specializing in Orthopedic Trauma, Orthopedic Surgery. The physician advisor has the following additional qualifications, if applicable:

ABMS Orthopaedic Surgery

**REVIEW OUTCOME:**

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

Overturned

<b>Health Care Service(s) in Dispute</b>	<b>CPT Codes</b>	<b>Date of Service(s)</b>	<b>Outcome of Independent Review</b>
Right Knee arthroscopy medical necessity	29881		Overturned

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a xx year old female who fell from a flat bed suffering an injury to the lumbar spine on xx/xx/xx. She has been evaluated and treated extensively for degenerative disc disease. She has also been treated extensively utilizing physical therapy. A neurology evaluation and EMG/NC study did not confirm radiculopathy. An independent review from 5/15/08 revealed her to be at MMI and assigned a 0% WPI (whole person impairment) based on lumbar symptoms without radiculopathy. She has had persistent symptoms of pain, tenderness and effusion of the right knee. An MRI scan of the knee has revealed the diagnosis of medial meniscus tear, osteoarthritis and loose fragment and positive McMurray's sign is documented.

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

The criteria for the performance of "meniscectomy" as published in the ODG have been met. The presence of the loose body in the context of osteoarthritis is an indication for the performance of arthroscopic debridement of the knee. Approval to perform this surgical procedure should be granted.

## Meniscectomy

Recommended as indicated below for symptomatic meniscal tears. Not recommended for osteoarthritis (OA) in the absence of meniscal findings. ([Kirkley, 2008](#)) 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. Meniscal repair is much more complicated than meniscal excision (meniscectomy). Some surgeons state in an operative report that they performed a meniscal repair when they may really mean a meniscectomy. A meniscus repair is a surgical procedure done to repair the damaged meniscus. This procedure can restore the normal anatomy of the knee, and has a better long-term prognosis when successful. However, the meniscus repair is a more significant surgery, the recovery is longer, and, because of limited blood supply to the meniscus, it is not always possible. A meniscectomy is a procedure to remove the torn portion of the meniscus. This procedure is far more commonly performed than a meniscus repair. Most meniscus tears cannot be treated by a repair. See also [Meniscal allograft transplantation](#). ([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](#)) Arthroscopic surgery for knee osteoarthritis offers no added benefit to optimized physical and medical therapy, according to the results of a single-center, RCT reported in the *New England Journal of Medicine*. The study, combined with other evidence, indicates that osteoarthritis of the knee (in the absence of a history and physical examination suggesting meniscal or other findings) is not an indication for arthroscopic surgery and indeed has been associated with inferior outcomes after arthroscopic knee surgery. However, osteoarthritis is not a contraindication to arthroscopic surgery, and arthroscopic surgery remains appropriate in patients with arthritis in specific situations in which osteoarthritis is not believed to be the primary cause of pain. ([Kirkley, 2008](#)) Asymptomatic meniscal tears are common in older adults, based on studying MRI scans of the right knee of 991 randomly selected, ambulatory subjects. Incidental meniscal findings on MRI of the knee are common in the general population and increase with increasing age. Identifying a tear in a person with knee pain does not mean that the tear is the cause of the pain. ([Englund, 2008](#)) Arthroscopic meniscal repair results in good clinical and anatomic outcomes. ([Pujol, 2008](#))

**Criteria** for meniscectomy or meniscus repair (Suggest 2 symptoms and 2 signs to avoid scopes with lower yield, e.g. pain without other symptoms, posterior joint line tenderness that could just signify arthritis, MRI with degenerative tear that is often false positive):

**1. Conservative Care:** (Not required for locked/blocked knee.) Physical therapy. OR Medication. OR Activity modification. PLUS

**2. Subjective Clinical Findings (at least two):** Joint pain. OR Swelling. OR Feeling of give way. OR Locking, clicking, or popping. PLUS

**3. Objective Clinical Findings (at least two):** 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.

[\(Washington, 2003\)](#)

OKU 8, Knee Reconstruction and Replacement, pg 458 re: role of arthroscopy in the preservation of knee joint in the face of osteoarthritis.

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

ODG: Meniscectomy