

C-IRO, Inc.
An Independent Review Organization
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Austin, TX 78726

Notice of Independent Review Decision

DATE OF REVIEW: SEPTEMBER 9, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Left knee EUA arthroscopy, excision meniscus tears and debridement.

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

M.D., 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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

The reviewer finds that medical necessity does not exist for left knee EUA arthroscopy, excision meniscus tears and debridement.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Office notes, Dr. , 06/04/08, 06/18/08, 06/30/08, 07/11/08, 07/23/08, 07/23/08
MRI left knee, 07/03/08
EMG/NCV, 07/16/08
Peer reviews, 07/18/08, 08/13/08
Official Disability Guidelines Treatment in Worker's Comp 2008 Updates: Knee & Leg,
Diagnostic arthroscopy & Meniscectomy

PATIENT CLINICAL HISTORY [SUMMARY]:

This xx year old female was injured on xx/xx/xx when she caught her toes on a bag while turning and fell hitting her knee on the ground. The claimant saw Dr. on 06/04/08 who documented MRI findings for the right knee dated 05/23/08 that revealed a large tear of the anterior cruciate ligament without disruption, small tears of the posterior cruciate ligament, advanced chondromalacia of the medial femoral condyle, a fracture of the lateral patellar facet with bone marrow edema, a large bone contusion of the lateral femoral condyle and tears of the medial and lateral meniscus.

X-Rays of the right knee taken on 06/04/08 revealed a nondisplaced patella fracture and arthritic changes with small bone spurs at the patella. The claimant was instructed to continue use of a knee immobilizer along with non weight bearing with the use of a walker. Repeat x-rays taken on 06/18/08 revealed little change in the patella fracture which showed no displacement but was still quite visible. The claimant was to continue with immobilization, non weight bearing and use of walker.

On 06/30/08 the claimant reported growing concern related to her left knee. Left knee x-rays revealed degenerative changes at the patellofemoral joint with some spurring and an MRI was performed on 07/03/08 revealed severe tri-compartmental osteoarthritis and a degenerative tear of both medial and lateral meniscus.

The records dated 07/11/08 reveal the claimant injured her left knee on xx/xx/xx at the same time she sustained her right knee injury and now experienced pain radiating up and down her left leg from her hip into her heel. EMG/NCV studies completed on 07/16/08 showed no evidence of radiculopathy but did reveal early peripheral neuropathy. Documented exam findings included good quadriceps control bilaterally, full extension and flexion to 110 degrees bilaterally and pain radiating up and down her left leg. The surgeon recommended a left knee exam under anesthesia with an arthroscopy and excision of medial and lateral meniscus tears along with a debridement of chondromalacia as the left knee was reportedly the most symptomatic.

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

The requested arthroscopy with partial meniscectomy does not seem reasonable based on the information provided.

The claimant is noted to have severe tricompartmental arthritis according to the MRI on 07/03/08. The degenerative tearing of the medial and lateral meniscus would not be expected to be the major cause of the claimant's symptoms in the face of such severe arthritic change.

The claimant, according to the records, does not clearly have mechanical symptoms and would not be expected to have significant improvement given the underlying degenerative change that is present. The treatment requested does not meet the ODG guidelines given the degenerative findings on MRI. The reviewer finds that medical necessity does not exist for left knee EUA arthroscopy, excision meniscus tears and debridement.

Official Disability Guidelines Treatment in Worker's Comp 2008 Updates: Knee & Leg ,
Diagnostic arthroscopy & Meniscectomy

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. 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](#))

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](#))

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)