

C-IRO, Inc.
An Independent Review Organization
7301 Ranch Rd. 620 N, Suite 155-199
Austin, TX 78726

Notice of Independent Review Decision

DATE OF REVIEW: SEPTEMBER 24, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Right Knee Scope w/Partial Medial/Lateral Meniscectomy, Chondroplasty, 29880, 29877

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

MD, 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 Right Knee Scope w/Partial Medial/Lateral Meniscectomy, Chondroplasty, 29880, 29877.

PATIENT CLINICAL HISTORY [SUMMARY]:

This male was injured on xx/xx/xx when he turned to lay down a box while unloading a heavy pallet and made a sharp twisting movement with his right knee and felt it pop. The records reveal a history of prior right knee surgery. Documentation revealed the claimant completed a total of nine sessions of physical therapy from 06/19/08 through 07/09/08 as well as complying with a home exercise program. The claimant reportedly tolerated the exercises but had increased pain as well as popping and clicking sensations and remained tender to palpation on physical exam.

The claimant was evaluated for pain and mechanical symptoms in his right knee and underwent an MRI on 07/22/08. In the records dated 07/29/08, Dr. documented he

reviewed the MRI to show peripheral displacement of a medial meniscus tear, a horizontal signal of the lateral meniscus and chondromalacia in the trochlea as well as the medial compartment. Objective findings revealed full range of motion, point tenderness over the medial joint line, a positive Apley grind maneuver with pain medially and discomfort at the patellofemoral joint.

A diagnosis of right medial and lateral meniscus tears and chondromalacia of the right patellofemoral joint and medial femoral condyle was documented. The surgeon recommended an arthroscopy, partial medial and lateral meniscectomy as well as a chondroplasty of the patellofemoral joint and medial femoral condyle.

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

The requested right knee scope w/partial medial/lateral meniscectomy, chondroplasty, is not medically necessary based on review of this medical record. This claimant has undergone a previous 1980s arthroscopy and appears to have had a recent 06/12/08 injury. Treatment records since that time document ongoing pain complaints, and a 07/17/08 office visit of Dr. documents point tenderness medial joint line with a positive Apley grind test. There is also a 07/29/08 office visit of Dr. that documents a positive Apley grind test as well as medial joint line tenderness. Neither one of these office visits documents a fusion, weakness, or ligamentous instability.

There is a 07/22/08 MRI of the right knee that documents moderate medial degenerative joint disease as well as what may be a medial meniscal tear. There is also no documentation in this medical record of conservative care to include medications or injections. ODG guidelines document the use of arthroscopy for knee injury following failed conservative care, positive physical findings of effusion and McMurray's testing, and meniscal tear on MRI. While this claimant does have documented meniscal abnormality on his MRI, it is possible that these are postoperative changes from his surgery years ago and/or degenerative changes consistent with his age. All of the physical findings documented on the visits of Dr. could in fact be related to underlying degenerative joint disease and meniscal degeneration and not acute tear necessitating surgery. This reviewer agrees that operative intervention not is necessary at this time due to lack of failed conservative care. Therefore, based on this medical record, the surgical intervention is not necessary. The reviewer finds that medical necessity does not exist for Right Knee Scope w/Partial Medial/Lateral Meniscectomy, Chondroplasty, 29880, 29877.

Official Disability Guidelines Treatment in Worker's Comp 2008 Updates: Knee & Leg -- Meniscectomy [&](#) Chondroplasty

Meniscectomy:

Recommended as indicated below for symptomatic meniscal tears. Not recommended for osteoarthritis (OA) in the absence of meniscal findings. 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](#))

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](#))

Chondroplasty:

Recommended as indicated below.

ODG Indications for Surgery™ -- Chondroplasty:

Criteria for chondroplasty (shaving or debridement of an articular surface):

- 1. Conservative Care:** Medication. OR Physical therapy. PLUS

2. **Subjective Clinical Findings:** Joint pain. AND Swelling. PLUS
3. **Objective Clinical Findings:** Effusion. OR Crepitus. OR Limited range of motion.
([Washington, 2003](#)) ([Hunt, 2002](#)) ([Janecki, 1998](#))

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)