

MATUTECH, INC.

PO Box 310069
New Braunfels, TX 78131
Phone: 800-929-9078
Fax: 800-570-9544

Notice of Independent Review Decision

DATE OF REVIEW: FEBRUARY 18, 2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Right knee EUA, scope excision meniscus tear, debridement chondromalacia.

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

Fellow American Academy of Orthopaedic Surgeons

REVIEW OUTCOME

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

Upheld (Agree)

Medical documentation **does not support** the medical necessity of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

TDI

- Utilization reviews (11/24/08 and 12/18/08)

M.D.

- Office visits (11/19/08 – 12/05/08)
- Diagnostics (11/04/08)

ODG Criteria are used for denials.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient, who is a male sustained injury to his right knee while climbing down a ladder.

On November 4, 2008, magnetic resonance imaging (MRI) of the right knee revealed tear involving the posterior horn of the medial meniscus, thinning of the

patellar cartilage, possible chondromalacia patella, edema involving the medial tibial plateau and medial femoral condyle, possible posttraumatic marrow contusion, and cartilage loss involving the medial compartment.

M.D., evaluated the patient for right knee pain, particularly when trying to squat down or trying to arise from a squatting position. The patient was utilizing Tylenol. Examination revealed tenderness to palpation at the medial joint line and crepitus on motion. Dr. recommended right knee examination under anesthesia, arthroscopy, and excision of medial meniscus tear and debridement of chondromalacia.

On November 24, 2008, M.D., denied request for right knee examination under anesthesia, arthroscopy, and excision of medial meniscus tear and debridement of chondromalacia with following rationale "*Criteria for meniscectomy or meniscus repair (Suggest 2 symptoms and 2 sign: 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.*

Reviewer comments: Under current guidelines the claimant must undergo conservative care, including physical therapy, medication and/or activity modification. Records do not reflect any conservative care."

On December 5, 2008, Dr. noted persistent pain in the right knee medially. Examination revealed tenderness to palpation at the medial joint line, crepitus on motion, and positive McMurray's sign. Dr. stated conservative treatment was not indicated for a torn medial meniscus. Physical therapy (PT) would likely worsen the tear and might even lead to locking of the knee. Once again, he recommended right knee examination under anesthesia, arthroscopy, and excision of medial meniscus tear and debridement of chondromalacia.

On December 18, 2008, M.D., denied the appeal for right knee examination under anesthesia, arthroscopy, and excision of medial meniscus tear and debridement of chondromalacia. *Based on the clinical information submitted for this review and using the evidence-based, peer reviewed guidelines referenced above, the request for right knee EUA, scope, excision meniscus tear, debridement chondromalacia to be done at Covenant Surgical Center, Ltd., is not recommended.*

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

BASED ON REVIEW OF THE AVAILABLE DOCUMENTATION, THE CLAIMANT BEGAN TO EXPERIENCE KNEE PAIN AFTER

ASCENDING/DESCENDING A LADDER. MRI SCAN REPORT SHOWS A MEDIAL MENISCAL TEAR AS WELL AS DEGENERATIVE CHANGES OVER THE PATELLOFEMORAL JOINT AS WELL AS MEDIAL COMPARTMENT OF THE KNEE. THE REQUESTING PROVIDER HAS NOT DOCUMENTED NON-OPERATIVE TREATMENT INCLUDING ANTI-INFLAMMATORY MEDICATIONS, ACTIVITY MODIFICATIONS, AND/OR INJECTIONS. THERE IS ALSO NO REPORT OF X-RAY FINDINGS. THE MRI FINDINGS ARE CONSISTENT WITH DEGENERATIVE CONDITION OF THE MEDIAL COMPARTMENT OF WHICH A MENISCAL TEAR CAN BE ASSOCIATED WITH. PROVIDER ALSO DOES NOT DOCUMENT ANY MECHANICAL SYMPTOMS CONSISTENT WITH AN ACUTE MENISCAL TEAR.

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

- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**