

# MATUTECH, INC.

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## Notice of Independent Review Decision

**DATE OF REVIEW: JULY 17, 2009**

**IRO CASE #:**

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

Surgery scope to the left knee to repair ligaments

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

Certified, American Board of Orthopaedic Surgery

**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**

- Office visits (03/16/09 – 05/19/09)
- Diagnostic (04/23/09)

**Dr.**

- Office visits (03/16/09 – 06/02/09)
- Diagnostic (04/23/09)
- Operative report (12/31/08)

**TDI**

- Utilization review (05/22/09 – 06/02/09)

ODG criteria have been utilized for the denials.

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a male who jumped off a trailer, alleging a hyperextension injury to his left knee on xx/xx/xx.

On December 31, 2008, M.D., performed partial medial meniscectomy.

In March, 2009, M.D., noted the following treatment history: *The patient was evaluated by orthopedic surgeon Dr. who obtained magnetic resonance imaging (MRI) of the left knee that revealed prominent contusion to the lateral femoral condyle, tear in the superior fibers of the anterior cruciate ligament (ACL), laxity of the medial collateral ligament (MCL) and separation of the ligament from the base of the medial meniscus, and horizontal tear of the medial meniscus. The patient underwent arthroscopic surgery comprising medial meniscectomy and tightening/repair of the ACL followed by nine sessions of postoperative physical therapy (PT).* The patient complained of persistent aching and stabbing pain over the left knee and instability with intermittent give way and swelling. Examination of the left knee revealed moderately severe tenderness along the medial joint lines and mild tenderness along the lateral joint lines, moderately severe tenderness along the MCL and minimal tenderness along the lateral collateral ligament, increased laxity at the medial joint line with varus and valgus stressing. Range of motion (ROM) was painful with moderate crepitation, while patellar apprehension tests were positive. Dr. diagnosed persistent left knee instability and pain, prescribed medications, neoprene hinged knee brace for the MCL strain; ACE wrap for stability in the knee; and recommended six sessions of PT.

M.D., noted following the injury the patient was seen at emergency room and underwent x-rays which were unremarkable. Examination of the left knee revealed little discomfort at extremes of motion with little laxity over the MCL with valgus stress and little tenderness over the medial and lateral joint lines as well as little tenderness with lateral subluxation of the patella. Dr. obtained an MRI of the left knee that revealed evidence of partial medial meniscectomy and ACL repair, small knee effusion, and a small area of bone contusion from injury versus edema within the lateral femoral condyle. He stated that it was difficult to tell if there was any additional damage to the meniscus on a repeat MRI. The contusion on the lateral femoral condyle could represent articular cartilage injury, which could be the source of the discomfort. Based on the lack of improvement, Dr. suggested a repeat arthroscopy of the left knee.

Per utilization review dated May 22, 2009, request for outpatient left knee arthroscopy was denied with the following rationale: *"it is unclear if the claimant tried a cortisone injection as a diagnostic and potentially therapeutic modality for intrinsic pathology. Similarly it is unclear what the response to physical therapy has been, stretch, strength range of motion, modalities. I cannot recommend repeat arthroscopy at this juncture given recent surgical intervention. This is based on review of the records provided only and evidence-based medicine, ODG guidelines."*

On June 2, 2009, Dr. responded as follows: *"The patient has continued to have pain despite conservative treatment. The contusion on the lateral femoral*

*condyle probably represents articular cartilage injury and he may have a loose body in the joint which cannot be seen on the scan. He could have an additional tear of the meniscus even though the scan did not show one. The only option at this time is to repeat the arthroscopy on his left knee."*

Per utilization review dated June 9, 2009, appeal for outpatient left knee arthroscopy was denied with the following rationale: "Records do not reflect the information needed to make this decision. There are no notes from Dr. in the notes reviewed."

On June 29, 2009, Dr. noted persistent pain in the left knee. The examination findings were unchanged. He opined the patient was at MMI since nothing more could be offered and xxxxx Mutual would not allow another arthroscopy and referred him to back to Dr.

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

I CONCUR WITH THE FINDINGS AND OPINIONS OF THE UTILIZATION REVIEWERS THAT THE REQUEST FOR ARTHROSCOPY DOES NOT MEET ODG CRITERIA. DR. NOTED COMPLAINTS OF PERSISTENT PAIN, BUT DID NOT IDENTIFY ANY PAINFUL MECHANICAL SYMPTOMS, SO CONCERN FOR A LOOSE BODY OR RECURRENT MENISCUS TEAR IS UNSUBSTANTIATED. THE EXAM REVEALED NO EFFUSION AND NO SUBSTANTIAL LIGAMENT LAXITY, SO CONCERN FOR A MENISCUS TEAR, ACL INSUFFICIENTCY, OR MCL INSTABILITY IS UNSUBSTANTIATED. THERE WAS ONLY "A LITTLE" LATERAL AND MEDIAL JOINT LINE TENDERNESS, WHICH DOES NOT CORRELATE WITH ANY SUSPECTED LATERAL FEMORAL CONDYLAR CARTILAGE LESION. THERE IS NO DOCUMENTATION OF A POSITIVE MCMURRAY'S INDICATIVE OF A MENISCUS TEAR. THE MRI DID NOT REVEAL ANY EVIDENCE OF A FOCAL CHONDRAL DEFECT IN LATERAL FEMORAL CONDYLE CARTILAGE, NO APPARENT LOOSE BODY, AND NO RECURRENT MENISCUS 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**