

# P&S Network, Inc.

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**DATE OF REVIEW:** 06/02/09

**IRO CASE #:**

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

This case was reviewed by a Orthopaedic Surgery, Licensed in Texas and Board Certified. The reviewer has signed a certification statement stating that no known conflicts of interest exist between the reviewer and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent (URA), any of the treating doctors or other health care providers who provided care to the injured employee, or the URA or insurance carrier health care providers who reviewed the case for a decision regarding medical necessity before referral to the IRO. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

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

Right knee arthroscopy abrasion chondroplasty 29880 29879 to complete by 7/10/09

## **REVIEW OUTCOME**

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

Overtured (Disagree)

## **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

- o Submitted medical records were reviewed in their entirety.
- o Treatment guidelines were provided to the IRO.
- o May 7, 2009 through May 15, 2009 utilization review records from
- o October 31, 2007 through May 7, 2008 records from Medical Centers
- o September 23, 2008 impairment rating evaluation report by, D.C.
- o December 11, 2006 lumbar spine and right knee MRI reports, M.D.
- o October 23, 2008 medical report by, M.D.
- o April 20, 2009 orthopedic consult report and x-ray reports from, M.D. and Orthopedics

## **PATIENT CLINICAL HISTORY [SUMMARY]:**

According to an xx-xx-xx report, the patient is a male who sustained a work injury to the lumbar spine on xx-xx-xx. The patient was reportedly working and tripped over a door stop causing him to fall forward. He struck a door and then twisted, falling to the right side. He stated that he twisted his back and injured his right knee.

The records include a right knee MRI report, dated December 11, 2006. The impression is as follows: "1. Opposing small focal osteochondral defects involving the medial femoral condyle and medial tibial plateau with some opposing overlying chondromalacia. 2. Small tear in the posterior horn of the medial meniscus. 3. Grade III chondromalacia patella with moderate effusion."

A May 7, 2008 report notes that the patient has type II adult onset diabetes. A right knee MRI was reportedly performed on March 29, 2007 and was interpreted to include evidence of osteoarthritis of the medial and lateral compartments, mild degenerative mucoid changes and fraying of the inner free edge of the medial meniscus, no frank meniscal tears or displacement of meniscal tissue, and small effusion of the knee with multiple small loose bodies most likely related to the advanced nature of the chondromalacia of the medial and patellofemoral compartments. A recommendation was made for a chronic pain management program for the injury to his knee and lumbar spine.

The patient underwent an Impairment Rating Evaluation on September 23, 2008. It was noted that the right knee was tender medially with no evidence of instability. There was mild crepitus bilaterally. Range of motion on the right was measured at 0-95 degrees and on the left at 0-90 degrees. He was assessed with right knee internal derangement. It was deemed that the clinical condition had not stabilized and is likely to improve with active medical treatment including arthroscopic surgery on the right. Due to the relative minimal active treatments that the patient has had over the last two years, these treatments are considered to give the patient a reasonable chance to return to gainful employment according to the doctor.

An October 23, 2008 occupational medicine report states that an independent medical evaluation performed by an orthopedist previously revealed that the right knee examination was within normal limits. Witnesses had reportedly corroborated that there was no actual fall to the ground and they felt that the patient did not sustain an actual injury. An impairment rating on May 3, 2007 found that the patient had 0% whole person impairment. He reportedly had normal range of motion of the knee. He was evaluated nine months following the independent medical examination by another physician and was assessed with internal derangement of the right knee, grade III chondromalacia of the patella, and recommendation was made for 10 sessions of physical therapy.

On April 20, 2009, he rated his right knee pain as 8/10 with associated popping. The pain was localized mostly on the medial side of the knee. Examination findings on April 20, 2009 included wearing a knee brace, medial joint line tenderness, some palpable popping with range of motion, ligamentously stable, and positive medial McMurray. The patient has reportedly undergone two years of non-operative treatment and the physician recommended arthroscopic surgery for a medial meniscal tear. The physician stated that it would be beneficial for him to have debridement of his medial meniscal tear. In addition, any chondromalacia identified can undergo an abrasion chondroplasty with microfracture technique. X-rays were apparently performed on April 20, 2009 revealing no cartilage damage, normal bone quality, no fracture, no instability, and no hardware.

A letter dated May 7, 2009 states that the right knee arthroscopy with abrasion chondroplasty was denied. The letter notes that the patient was referred to chronic pain management for 10 sessions between May 10, 2008 and May 23, 2008. He was subsequently recommended for 10 more sessions. The peer review letter states that the request does not match the CPT code 29880, as this is listed as meniscectomy under the CPT code index. The submitted clinical information does not support the request for meniscectomy or chondroplasty, according to the reviewer, as there is no documentation of physical therapy or activity modifications. The patient is reported to have a grade III chondromalacia patella and a grade III meniscal tear on imaging. However, with the injury being over 2 1/2 years prior, there is an expectation of physical therapy for the patient. According to the reviewer, none of the submitted clinical information documents any type of physical therapy performed, including the number of sessions or benefits.

The request was again recommended for denial on May 14, 2009. The reviewer noted that there was not evidence of any trial injection for diagnostic or therapeutic benefit. The patient's home exercise program was not discussed. The necessity for an abrasion arthroplasty in a patient this age would need independent verification according to the letter. The reviewer also stated that meniscal debridement in the degenerative knee is known to be of limited to no benefit unless there is a mechanical block.

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

There is evidence in the medical records that the patient had undergone a chronic pain management program, which typically includes a physical therapy component. There is evidence that he had been referred for 10 visits of physical therapy as well. In addition, he has participated in extensive home exercises. He has had activity modification in the form of work restrictions. He complains of joint pain, primarily located in the medial aspect, as well as crepitus. Examination findings on April 20, 2009 revealed a positive medial McMurray. A small tear has been identified in the posterior horn of the medial meniscus. In addition, there are MRI findings in the medical records consistent with small focal osteochondral defects involving the medial femoral condyle and medial tibial plateau with opposing overlying chondromalacia. Based on this information, he meets the criteria specified by the ODG for proceeding with meniscectomy and chondroplasty. Therefore, my recommendation is to overturn the decision to non-certify the request for right knee arthroscopy abrasion chondroplasty 29880 29879 to complete by 7/10/09.

The IRO's decision is consistent with the following guidelines:

#### **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

ODG Indications for Surgery -- Meniscectomy:

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.

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.
4. Imaging Clinical Findings: Chondral defect on MRI