

**SOUTHWEST MEDICAL EXAMINATION SERVICES, INC.**  
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Notice of Independent Review Decision

**DATE OF REVIEW:** March 10, 2009

**IRO CASE #:**

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

Arthroscopic medial and lateral meniscectomy to include CPT code 29880

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

Diplomate, American Board of Orthopedic Surgery

**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)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Medical records from the Carrier/URA include:

- Official Disability Guidelines, 2008
- P.A., 01/09/09

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- 12/29/08
- Medical Center 12/29/08
- 01/13/09, 01/30/09, 02/05/09, 02/12/09, 02/16/09, 02/17/09, 02/26/09
- 01/27/09, 01/30/09
- M.D., 02/04/09
- M.D., 02/11/09
- 02/25/09

Medical records from the Provider include:

- Medical Center 12/29/08
- P.A., 01/09/09
- 01/18/09
- Workers Comp Requesting Evaluation, 01/20/09
- 01/27/09

#### **PATIENT CLINICAL HISTORY:**

The patient is a female who, on xx/xx/xx, tripped on a backpack lying on the floor, causing her to hit her knee on the edge of a table. Initially, there were no mechanical-type symptoms. The emergency room recorded pain over the superior patellar edge. There was no tenderness anywhere else. In subsequent history, the patient gave mechanical symptoms of giving way and a catching sensation.

The MRI of December 28, 2008 did not reveal definite meniscal tears. There is a typographical error in the conclusion of the report in that it stated blunting of the free edge of the lateral meniscus; when in the body of the report it stated this change was in the medial meniscus. The lateral meniscus was read as having no tears. It stated, "There is slight blunting of the free edge lateral meniscus body." It concluded with "may indicate minimal free edge tearing. There is no definite meniscal tear." It appears that other reviewers only read the conclusion of the MRI report which indicated erroneously slight minimal free edge lateral meniscus tearing; when it should have been the medial meniscus.

Notwithstanding the above typographical error, the body of the MRI report unequivocally indicated that the lateral meniscus was not torn and that there was no definite tear of the medial meniscus.

The last examination available for review documented only medial line tenderness. The McMurray maneuver was negative.

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

ODG indications for a knee meniscectomy are as follows: Criteria for meniscectomy or meniscus repair suggest two symptoms and two signs to avoid scopes with lower yield: 1) Conservative care (not required for locked/blocked knee): physical therapy, medication, or activity modification. 2) Subjective clinical findings of at least two: joint pain, swelling, a feeling of giving way, locking, clicking or popping. 3) Objective clinical findings of at least two: positive McMurray sign, joint line tenderness, effusion, limited range of motion, locking, clicking, popping, or crepitus. 4) Positive imaging findings of a meniscal tear on MRI.

The available medical records for review do not document clinical objective findings of a meniscal tear nor imaging findings of a meniscal tear. Therefore, based on the above rationale and peer reviewed guidelines, the request for arthroscopic meniscectomy is not certified.

**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

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- 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)**