



Medical Review Institute of America, Inc.  
America's External Review Network

## Notice of independent Review Decision

DATE OF REVIEW: November 17, 2009

IRO Case #:

### **Description of the services in dispute:**

1. (L) Knee Arthroscopy, partial lateral and medial meniscectomy and (L) Ankle Arthroscopy, excision osteochondral lesion with CPT codes #29881 and #29891.

### **A description of the qualifications for each physician or other health care provider who reviewed the decision**

The physician who provided this review is board certified by the American Board of Orthopaedic Surgery. This reviewer is a member of the American Academy of Orthopaedic Surgeons and the Society of Military Orthopaedic Surgeons. This reviewer has been in active practice since 2005.

### **Review Outcome**

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

Overtured

As the submitted clinical documentation meets recommendations made within ODG guidelines, medical necessity for the request for left knee arthroscopy, partial lateral and medial meniscectomy and left ankle arthroscopy, excision osteochondral lesion with CPT codes #29881 and #29891 is established at this time.

### **Information provided to the IRO for review**

Records from the State:

A request for review by an independent review organization 10/27/09 (7 pages)

Notification of Reconsideration Determination Letter 10/15/09 (2 pages)

Utilization Review Referral Appeal 10/2/09, 9/24/09 (2 page)

Notice of Adverse Determination 9/29/09 (2 pages)

Worker's Comp Follow-up 9/21/09 (2 pages)  
Rehab Progress Notes 7/13/09 (2 pages)  
Rehab Progress Notes 7/10/09 (2 pages)  
Rehab Progress Notes 7/8/09 (2 pages)  
Rehab Progress Notes 7/6/09 (2 pages)  
Rehab Progress Notes 7/2/09 (2 pages)  
Rehab Progress Notes 6/30/09 (2 pages)  
Rehab Progress Notes 6/24/09 (2 pages)  
Rehab Progress Notes 6/23/09 (2 pages)  
Rehab Progress Notes 6/19/09 (2 pages)  
Rehab Progress Notes 6/17/09 (2 pages)  
Therapeutic Activities Record 6/17/09-7/2/09, 7/6/09-7/13/09 (18 pages)  
MRI Left Knee 5/29/09  
MRI Left Ankle 5/29/09  
Clinical Summary from MD

#### **Patient clinical history [summary]**

The patient is a male who sustained an injury on xx/xx/xx. The patient has continued complaints of pain in the buttock region and states that his knee continues to lock up and then give out. The patient also has complaints of ankle pain and popping. The patient's MRI of the left ankle dated 05/29/09 reports edema in the supralateral talar dome consistent with contusion; no osteochondral lesions are seen. Ankle joint effusion is noted greater at the posterior side with a small amount of distal fibular bone marrow edema noted. Lack of visualization of the anterior talofibular ligament is noted consistent with a ligamentous injury. Mild medial and lateral ankle tendinopathy is seen. The MRI of the left knee dated 05/29/09 reports extensive tearing of the anterior horn body and posterior horn of the medial meniscus with severe medial cartilage loss. Fluid extends into the medial joint space and wide spread bone marrow edema is noted in the femur and tibia. The patient has undergone physical therapy in 06/09 and 07/09. A follow-up on 09/21/09, states that the patient ambulates with a cane. The physical examination reports reduced range of motion in the left knee to 78 degrees flexion with positive medial McMurray's test. Reduced range of motion in the left ankle is noted actively. Tenderness is noted along the entire ankle joint, especially over the anterolateral ankle. The patient has also utilized a walking boot and has been prescribed medication. Along with physical therapy, the patient has had no significant benefits and continues to have pain.

#### **Analysis and explanation of the decision include clinical basis, findings and conclusions used to support the decision.**

The patient has had complaints of left knee and ankle pain that has not resolved with

immobilization, medications, or physical therapy. The submitted MRI studies demonstrate evidence of ligamentous injury in the left ankle with non-visualization of the ATL and tearing of both the medial and lateral meniscus. These findings are consistent with physical examination findings. As the patient has not responded to date to any type of conservative care, it is reasonable to expect that further conservative care would not provide the patient any significant benefits or functional improvement. As the submitted clinical documentation meets recommendations made within ODG guidelines, medical necessity for the request is established at this time.

**A description and the source of the screening criteria or other clinical basis used to make the decision:**

ODG Guidelines

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. (Washington, 2003)

ODG Indications for Surgery -- Lateral ligament ankle reconstruction:

Criteria for lateral ligament ankle reconstruction for chronic instability or acute sprain/strain inversion injury:

1. Conservative Care: Physical Therapy (Immobilization with support cast or ankle brace & Rehab program). For either of the above, time frame will be variable with severity of trauma. PLUS
2. Subjective Clinical Findings: For chronic: Instability of the ankle. Supportive findings: Complaint of swelling. For acute: Description of an inversion. AND/OR Hyperextension injury, ecchymosis, swelling. PLUS
3. Objective Clinical Findings: For chronic: Positive anterior drawer. For acute: Grade-3 injury (lateral injury). [Ankle sprains can range from stretching (Grade I) to partial rupture (Grade II) to complete rupture of the ligament (Grade III).1 (Litt, 1992)] AND/OR Osteochondral fragment. AND/OR Medial incompetence. AND Positive anterior drawer. PLUS
4. Imaging Clinical Findings: Positive stress x-rays (performed by a physician) identifying motion at ankle or subtalar joint. At least 15 degree lateral opening at the ankle joint. OR Demonstrable subtalar movement. AND Negative to minimal arthritic joint changes on x-ray.

Procedures Not supported: Use of prosthetic ligaments, plastic implants, calcaneous osteotomies.  
(Washington, 2002) (Schmidt, 2004) (Hintermann, 2003)