



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

DATE OF REVIEW: November 17, 2009

IRO Case #:

Description of the services in dispute:

Right knee scope for medial meniscal tear CPT #29881 and #29877.

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, the Arthroscopy Association of North America and the American Shoulder and Elbow Association. This reviewer has been in active practice since 2000.

Review Outcome

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

Overtured

The right knee scope for medial meniscus tear surgery is medically necessary and allowable per ODG based criteria. There is failure of conservative care with persistent medial knee pain.

Information provided to the IRO for review

Received from the State:

Receipt of a request for IRO, 11/4/09, 5 pages

Request for a review by an Independent Review Organization, 10/23/09, 2 pages

Texas Outpatient Reconsideration Decision: Non-Authorization, 10/12/09, 3 pages

Texas Outpatient Non-Authorization, 10/1/09, 3 pages

Received From: 11/10/09:

Activity notes, 8/29/09-10/12/09, 7 pages

Clinic information, Orthopaedics and Rehabilitation, 1 page

Preauthorization request, 1 page

2875 S. Decker Lake Drive Salt Lake City, UT 84119 / PO Box 25547 Salt Lake City, UT 84125-0547

(801) 261-3003 (800) 654-2422 FAX (801) 261-3189

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Orthopedics Surgery Sheet, 9/18/09, 1 page
Prescription for treatment, 8/18/09, 1 page
Dr. 9/18/09, 1 page
Initial Evaluation, Rehabilitation, 8/25/09, 2 pages
Worker's Compensation clinic note, Orthopaedic Associates , 8/18/09, 2 pages
MRI right knee without contrast, 7/23/09, 2 pages
Received From: 11/10/09:
Employer's first report of injury or illness, xx/xx/xx, 1 page
10/2/09, 1 page
Progress note, 9/24/09, 1 page
Physician Activity Status Report, 8/3/09, 1 page
Texas Workers' Compensation Status Report, 9/23/09, 1 page
9/18/09, 1 page
Progress note, 9/10/09 and 9/17/09, 2 pages
Progress note, 9/3/09, 1 page
Texas Workers' Compensation Status Report, 8/19/09, 1 page
Progress note, 8/25/09, 1 page
Initial evaluation Rehabilitation, 8/25/09, 2 pages
PT evaluation prescription, 8/18/09, 1 page
Referral, Medical Centers, undated, 1 page
Texas Workers' Compensation Status Report, 9/3/09, 1 page
Additional description Report, 1 page
Progress note, 8/3/09, 1 page
MRI right knee, 7/23/09, 2 pages
Clinic note 7/17/09, 2 pages
Texas Workers' Compensation Status Report, 7/24/09

Patient clinical history [summary]

The patient is a male who sustained an injury on xx/xx/xx while turning a corner and caught his left foot in something; he fell and produced a valgus stress on the right knee. He has full range of motion of bilateral knees with no crepitus, and good strength. There is mild tenderness noted with palpation along the medial joint line. The MRI dated 7/23/09 revealed a medial meniscus tear with medial compartment arthritis and medial meniscal cyst. The 9/18/09 attending provider note documents less tenderness along the quads tendon. He continues to have tenderness along the medial joint line. He has some mild crepitus and positive McMurray's. The provider recommended that the patient start Relafen and undergo PT according to the 9/30/09 note. He received PT treatment, It is unclear how many visits were completed.

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

The right knee scope for medial meniscus tear is necessary. Surgery is medically necessary and allowable per ODG. There is failure of conservative care with persistent medial knee pain. There is extensive medial meniscus tear on MRI and there has been failure of PT, medications and activity modification. Exam showed medial joint line tenderness and McMurray's positive for pain. Therefore, the surgery is allowable per evidence-based criteria.

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

ODG Knee: 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)

Chondroplasty:

Recommended as indicated below. Not recommended as a primary treatment for osteoarthritis, since arthroscopic surgery for knee osteoarthritis offers no added benefit to optimized physical therapy and medical treatment. (Kirkley, 2008) See also Meniscectomy.

ODG Indications for Surgery -- Chondroplasty:

Criteria for chondroplasty (shaving or debridement of an articular surface), requiring ALL of the following:

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. PLUS
4. Imaging Clinical Findings: Chondral defect on MRI

(Washington, 2003) (Hunt, 2002) (Janecki, 1998)