



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

DATE OF REVIEW: October 7, 2009

IRO Case #:

**Description of the services in dispute:**

1. Loose body removal and left knee arthroscopy with chondroplasty, meniscectomy, and synovectomy with CPT codes #29881, #29880, #29879, #29877, #29876, and #29875.

**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. This reviewer completed a fellowship in Adult Reconstruction. This reviewer has been in active practice since 2001.

**Review Outcome**

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

Upheld

Loose body removal and left knee arthroscopy with chondroplasty, meniscectomy, and synovectomy are not medically necessary and do not meet ODG Guidelines criteria.

**Information provided to the IRO for review**

Records from the State:

Confirmation of receipt of a request for a review by an IRO 9/25/09 (5 pages)

Request for a Review 9/24/09 (2 pages)

Notice of Utilization Review 9/28/09 (1 page)

Review 9/18/09 (7 pages)

Preauthorization Request from Dr. 8/13/09 (3 pages)

Office Notes from Dr. 12/2/08–8/4/09 (13 pages)

Evaluation from Dr. 11/3/08, 1/13/09, 7/14/09 (14 pages)

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Right Ankle Series, 3 view 12/2/08 (2 page)  
MRI of Knee 4/15/08 (8 pages)  
X-Ray Reports of Ankle and Knee 5/8/08 (4 pages)  
Letter from Dr. 9/10/09

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

The patient is a female who has a history of a left knee injury after falling out of a truck in xxxx. She underwent a right knee arthroscopy 5/09. She complains of bilateral knee pain and fever. The exam shows that she is 5 foot, 9 inches, and 298lbs(8/4/09). Her gait is antalgic on the right. Her left knee is tender at the anterior medial joint line. Her motor strength is normal on the left, with 0–110 degrees of motion with pain. The MRI of the left knee is consistent with myxoid degeneration of the medial meniscus, no evidence of meniscal tear, 7mm loose body anterior to the ACL, grade 3–4 chondromalacia of the lateral patellar facet. She has been treated with medication, activity modification, injection, and therapy without relief.

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

Loose body removal and left knee arthroscopy with chondroplasty, meniscectomy, and synovectomy are not medically necessary and do not meet ODG Guidelines criteria. The patient does not complain of left knee mechanical symptoms to suggest a symptomatic loose body or meniscal tear. Her primary complaints are of the right knee and her gait is antalgic on the right. Other than medial joint line tenderness, she has no other signs of a meniscal tear. No effusion is noted. The MRI is consistent with grade 3–4 chondromalacia of the lateral patellar facet, indicating osteoarthritis of the knee. The MRI is not consistent with a meniscal tear, showing myxoid degeneration of the medial meniscus. Furthermore, there is no discrete chondral injury to necessitate chondroplasty.

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

ODG Guidelines, Knee Chapter

ODG Guidelines 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

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

ODG Guidelines 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)