



DATE OF REVIEW: September 24, 2009

IRO Case #:

Description of the services in dispute:

This is a patient with a request for a knee arthroscopy with meniscectomy.

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: Upheld

Based on review of the clinical documentation and ODG guidelines, the request for a knee arthroscopy to include meniscectomy is not recommended as medically necessary.

Information provided to the IRO for review

Confirmation of Receipt of a Request for a Review by an Independent Review Organization, 09/03/09

Notice to Utilization review agent of assignment of Independent Review Organization, 09/04/09

Pre authorization request, received 08/03/09

Health Sciences Center, Progress record, 06/09/09

X-ray reports, 06/11/09

Adverse determination letter, 08/06/09

Adverse determination letter, 08/31/09

Clinic note, 08/03/09

Patient clinical history [summary]

The patient is a male who has complaints of pain in the right knee following an injury. The patient states that he twisted his knee and felt a pop. The patient has had prior arthroscopic knee procedures performed with multiple re-injuries. MRI supposedly shows evidence of chondromalacia in the patella. Clinic note on 06/09/2009 states the patient presents with significant right knee pain, worse on the medial side. Physical exam reports reduced range of motion on extension and

flexion of the right knee. Significant tenderness is noted over the medial jointline with tenderness to palpation of the inferior patella pole. Positive McMurray's is noted. Radiographs are normal. Follow up on 08/03/2009 states the patient is unable to straighten his right knee and has intermittent swelling. Positive McMurray's test is noted on physical exam.

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

Based on review of the clinical documentation, knee arthroscopy to include meniscectomy is not recommended as medically necessary. Although the patient demonstrates reduced range of motion in the right knee, no recent imaging studies were submitted for review evaluating the patient's right medial or lateral meniscus. The patient is status post several arthroscopy surgeries to the right knee and no operative notes are submitted for review documenting what surgical corrections were performed. Without imaging studies to evaluate the patient's right knee, it is difficult to determine if the patient's reduced range of motion is associated with a recent re-injury or to corrections made in prior surgeries. As the submitted clinical documentation does not support the request, medical necessity is not established at this time.

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

ODG Knee and Leg Chapter

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)