

# MATUTECH, INC.

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## Notice of Independent Review Decision

**DATE OF REVIEW:** September 24, 2009

**IRO CASE #:**

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

Left knee arthroscopic release and removal of the plica

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

Fellow American Academy of Orthopaedic Surgeons

**REVIEW OUTCOME**

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

Upheld (Agree)

Medical documentation **does not support** the medical necessity of the health care services in dispute.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

- Office visits (08/14/09 – 09/01/09)
- Utilization review (08/28/09 – 09/10/09)

**TDI**

- Utilization review (08/28/09 – 09/10/09)

**ODG used for denials**

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a male who injured his left knee on xx/xx/xx, while on stairs; however, the exact mechanism of injury is not available.

On August 14, 2009, M.D., saw the patient in a follow-up for left knee pain. The patient was using his brace. Physical therapy (PT) was not helpful. Dr. noted palpable plica in the medial aspect of knee consistent with medial patella plica. It was symptomatic, swollen, and palpable and did not respond to conservative treatment. The symptoms were worse and he could not stop the pain. Magnetic resonance imaging (MRI) was negative for meniscal or ligamentous tears. The patient was unable to do PT exercises, stand up and down on a stack of plates.

Dr. recommended resection of plica arthroscopically. The patient was discharged on active PT secondary to lack of progress. On August 18, 2009, the patient was discharged from PT secondary to lack of progress. He was diagnosed with left knee pain with chondromalacia and possible plica.

On August 28, 2009, M.D., denied the request for left knee plica removal. Rationale: *"I do not recommend for approval for the request of left knee plica removal for this male status post injury on stairs on xx/xx/xx, with mention of pain in the knee, for the following reasons: (1) There is a confusing array of symptoms (I have only one relatively brief review). (2) Mention is made of a palpable plica on the medial aspect of the knee. (3) There is no mention of an abnormality on MRI (most plicas should be visualized; literature search indicated plicas are visualized). (4) It is unclear as to what is causing the pain. (5) ODG, 2009, knee does not specifically address a pathologic plica, but in an article in the journal of the American Academy of Orthopedic surgeon, Vol I, issue 2, 117-121, plica: Pathologic or not?. There can be a question as to whether these are pathologic. (6) Additional information was not obtained to justify a procedure.*

On September 1, 2009, Dr. responded to the denial as follows: *"A confusing array and a brier report does not really seem to match. The patient has a palpable, painful plica that can cause significant increasing pain by pushing on the small structure that is a problem. It has not responded to conservative treatment including PT and at that point, then even though there are, according review of the literature, pathologic or not, discussion in my opinion, this patient's plica is very painful and the cause of the patient's disability. It has also not responded to conservative treatment which has been given an adequate time. He also states that the plica should be visualized on an MRI. It is in black and white on the MRI report from another physician that yes there is a very visible plica. I think from the MRI also and my clinical evaluation, that we have ruled out most other causes of pain. There does not appear to be any ligament damage. There does not appear to be any traumatic fractures, dislocations, or meniscal tears and the patient's pain is classical in the absolute anatomical distribution of the plica. When it is palpated and rolled between my fingers, the pain increases, far away from any joint problems such as a meniscal tear would be".* Dr. submitted the appeal to arthroscopically release and remove the plica. He stated he was aware that there was no ODG Criteria for this procedure and the patient did not have any of these symptoms before he had his accident. However, it was also a fact that the patient's pain was still present to this day and he was not getting well with PT or time.

On September 10, 2009, M.D., orthopedics, denied the appeal with the following rationale: *"The problem is described as that of knee symptoms in a male with date of birth xx/xx/xxxx, and date of event xx/xx/xxxx. He is stated to have palpable and painful medial patellar plica that has been unresponsive to conservative treatment that has included PT. The plica is stated to be palpable and also visible by MRI; however, a report of that study is not submitted for review. Treatment other than PT i.e. injections, medications, or activity limitations is not described. The current physical examination of the knee is also not submitted for review. The procedure, considering the lack of information available for review, cannot be considered to be medically indicated, reasonable, or necessary".*

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

BASED ON REVIEWING THE LIMITED DOCUMENTATION WHICH IS ONE CLINIC NOTE FROM THE PHYSICIAN DATED XX/XX/XX, AND AN APPEAL LETTER DATED SEPTEMBER 10, 2009, THERE IS NOT ENOUGH DOCUMENTATION TO SUPPORT THAT THIS PATIENT HAS A SYMPTOMATIC PATELLOFEMORAL PLICA THAT NEEDS ARTHROSCOPIC EXCISION. THERE IS NO MRI SCAN PRESENT FOR REVIEW CONFIRMING THIS PLICA. FURTHERMORE, THE PHYSICAL EXAMINATION ON AUGUST 14, 2009, NOTE DOES NOT CORRELATE WITH THE PHYSICAL EXAMINATION FROM DR APPEAL LETTER OF SEPTEMBER 10, 2009. THERE IS NO DOCUMENTATION THAT THIS PATIENT HAS HAD NON-OPERATIVE TREATMENT INCLUDING PHYSICAL THERAPY AND/OR INJECTIONS THEREFORE THE DECISION IS UPHELD TO DENY THE ARTHROSCOPIC PROCEDURE UNTIL FURTHER DOCUMENTATION OUTLINED BY DR. IN HIS APPEAL LETTER IS PRESENT FOR REVIEW.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**