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Notice of Independent Review Decision

DATE OF REVIEW: January 13, 2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Left knee arthroscopy with debridement

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

Certified, American Board of Orthopaedic Surgery

REVIEW OUTCOME

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

X 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 (08/26/06 – 09/28/09)
- Utilization reviews (12/02/09 – 12/28/09)

- Diagnostics (12/02/92 – 11/11/04)
- Procedure notes (08/24/94 – 01/27/05)
- Office Visits (06/17/02– 11/20/09)
- Utilization reviews (12/02/09 – 12/28/09)

Radiology Associates

- Diagnostics (12/29/09)

Bone & Joint

- Diagnostics (12/02/92 – 03/23/07)
- Office Visits (01/19/93 – 11/20/09)
- Procedure notes (08/24/94 – 01/27/05)

ODG has been utilized for the denials.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who injured his left knee on xx/xx/xx, when he fell from a 6-8 foot height, landing on his left kneecap.

Initial magnetic resonance imaging (MRI) of the left knee showed no evidence of meniscal tear, a normal medial plica, and small joint effusion—basically an unremarkable study. M.D., treated the patient with medications, bracing, exercises, and cortisone injections and later performed chondroplasty of the medial femoral condyle, patella, intercondylar groove, and of lateral tibial plateau in April 1993. The patient was no better and was treated by Dr. conservatively for patellar tendonitis. He felt the patient had an arthritic condition in the knee, which was pre-existing accentuated by the on-the-job incident. In August 1994, the patient underwent chondroplasty and drilling of the medial femoral condyle for the diagnosis of “degenerative arthritis.” Dr. noted flare-up of degenerative arthritis involving the medial compartment. X-rays showed some arthritic change and some calcification in the menisci. Dr. treated him with a series of five Hyalgan injections, brace, and PT. MRI of the left knee in 1998 revealed tricompartmental osteoarthritis and small joint effusion while that of 1999 showed focal grade III/IV medial compartment chondromalacia. X-rays showed chondrocalcinosis.

In June 2001, the patient apparently twisted his knee and since then developed lot of pain and popping in his knee, especially in the medial compartment. M.D., diagnosed left knee osteoarthritis and medial meniscal tear and placed the patient on anti-inflammatories. He felt there was aggravation of some pre-existing arthritis and possibly tearing of the medial meniscus and provided an unloader brace. The patient felt better with the brace. Dr. suggested a high tibial osteotomy. MRI showed bony degenerative changes of the knee with the findings consistent with tear involving the posterior horns of the both medial and lateral menisci, knee joint effusion, and chondromalacia.

In January 2005, Dr. performed arthroscopy of the left knee with partial medial and lateral meniscectomies. The patient was found to have grade II changes in the patellofemoral joint, radial tear of the lateral meniscus, grade III changes over the border of the lateral meniscus, and degenerative changes in the lateral condyle with grade III and IV changes in the medial compartment. The patient was treated with medications, unloader brace, and cortisone injections to the left knee. X-rays showed chondrocalcinosis in the medial and lateral compartments with some narrowing of the compartment medially and mild degenerative changes in the patella. Dr. recommended possible arthroscopic debridement considering the patient’s age.

M.D., performed a peer review and opined as follows: Current diagnosis would be posttraumatic arthritis of the left knee due to injury of 1992. Possible total knee replacement (TKR) would be medically necessary, reasonable, and directly related to the compensable injury. The patient sustained a direct blow to the knee, which caused arthritic changes to the knee. This was an ongoing degenerative process, which would get worse over time. This would be a lifelong condition and was directly related to the xxxx injury.

In June 2009, Dr. administered a cortisone injection to the left knee. X-rays and MRI showed degenerative changes in all three compartments, some chondrocalcinosis mainly in the lateral compartment, and medial femoral condyle OCD lesion with mild underlying bone edema, small joint effusion, and minimal signal in meniscus. He recommended continued therapy and if the patient continued to have symptoms then an arthroscopy and possible chondroplasty of the OCD lesion of the medial femoral condyle.

On October 23, 2009, M.D., denied the request for arthroscopy and debridement with the following rationale: *“There are no recent physical exams for this patient demonstrating continuing or worsening functioning deficits that would necessitate surgery. Additionally, no repeat imaging studies were submitted for review that demonstrates any abnormalities or pathology to the left knee requiring surgery. It is also unknown how the patient responded to the injection performed on June 1, 2009. Without additional clinical documentation to support the request, medical necessity is not established at this time.”*

Dr. stated in the near future the patient might need a knee replacement. However, in the past, these arthroscopic débridements had given him relief for two or three years which would be ideal for him if it could happen. Therefore, considering the patient’s age, arthroscopic debridement would be the treatment of choice. He performed another cortisone injection in November.

On December 2, 2009, M.D., denied the appeal with the following rationale: *“The patient sustained an injury dated xx/xx/xx, and complained of knee pain. He had previous knee surgeries and cortisone injection done. Based on the submitted clinical information, the complete physical exam of the patient was not presented for review. The documentations of failure of conservative management done to the patient including PT progress notes, adequate pain medications, and injections were not provided for review. Furthermore, there was no recent MRI done to establish recent severity of the knee. The patient had arthritic knee per Dr.. He had lower levels of care: including injections. He had limited ROM and tricompartmental arthroscopy would be of limited benefit.”*

On December 22, 2009, Dr. again denied the surgery with the following rationale: *“The request for arthroscopy and debridement of the left knee is not recommended as medically necessary. There are no recent physical exams for this patient demonstrating continuing worsening functional deficits that would necessitate surgery. Additionally, no repeat imaging studies were submitted for review that demonstrated any abnormalities or pathology to the left knee requiring surgery. It was also unknown how the patient responded to the injection performed on June 1, 2009. Without additional clinical documentation to support the request, medical necessity is not established at this time.”*

On December 29, 2009, MRI showed degenerative signal of both menisci with likely some degenerative fraying of the lateral meniscus, tricompartmental osteoarthritis, areas of grade III to IV chondromalacia involving the lateral patellofemoral and medial knee compartment.

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

The claimant has end-stage DJD of the knee. There is insufficient evidence presented by the treating physician that would support the surgery as requested. ODG does not support debridement or chondroplasty in arthritic knees without other specific indications:

Arthroscopic debridement of meniscus tears and knees with low-grade osteoarthritis may have some utility, but it should not be used as a routine treatment for all patients with knee osteoarthritis. ([Siparsky, 2007](#)) Arthroscopic surgery for knee osteoarthritis offers no added benefit to optimized physical and medical therapy, according to the results of a single-center, RCT reported in the *New England Journal of Medicine*. The study, combined with other evidence, indicates that osteoarthritis of the knee (in the absence of a history and physical examination suggesting meniscal or other findings) is not an indication for arthroscopic surgery and indeed has been associated with inferior outcomes after arthroscopic knee surgery.

The opinions of the preauthorization reviewers appear to be reasonable and in accordance with ODG criteria.

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

X ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES