



Specialty Independent Review Organization

Notice of Independent Review Decision

DATE OF REVIEW: 6/1/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of an outpatient right knee scope with microfracture (29880, 29874, 29877).

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

The reviewer is a Medical Doctor who is board certified in Orthopedic Surgery. The reviewer has been practicing for greater than 15 years in this field.

REVIEW OUTCOME

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

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

The reviewer agrees with the previous adverse determination regarding the prospective medical necessity of an outpatient right knee scope with microfracture (29880, 29874, 29877).

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties:
Orthopaedics and Healthcare

These records consist of the following (duplicate records are only listed from one source): Records reviewed from Orthopaedics: Office Notes – 2/12/09-4/13/10, MRI report – 3/12/09 & 4/6/10, Script – 3/4/10, Patient Demographics – 3/5/10; Health Systems Fax Cover – 3/5/10.

Records review from Healthcare: Orthopaedics Pre-auth request – 4/15/10 and Appeal request – 4/21/10.

A copy of the ODG was not provided by the Carrier or URA for this review.

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is status post ACL reconstruction and multiple arthroscopic surgeries, including for partial meniscectomy and screw removal. A 3/12/09 dated left knee MRI indicated ACL graft encroachment and prior surgical repair or re-tears of residual menisci, medial and lateral, along with chondral lesions. The next record was dated 3/4/10, discussing a new twisting injury of the contralateral/right knee. Recurrent pain and mechanical symptoms were described. The right knee exam revealed “no dermatologic or lymphatic changes.” A 3/9/10 dated therapy note indicated that the claimant was a no-show for the prescribed PT. A 4/6/10 dated MRI report indicated torn menisci, severe chondral lesions and a grade 1 MCL injury with a plica. Arthroscopic surgery with microfracture was felt indicated as noted on 4/13/10 and/or in the 4/20/10 dated denial letter.

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

The claimant has not had any abnormal physical examination findings noted, despite the multiple subjective symptoms (including pain and mechanical complaints.) In addition, there has not been a documented trial and failure of reasonable non-operative treatment such as medications, injections, and/or physical therapy. Arthroscopic surgical treatment guidelines regarding cartilage issues would therefore not support the proposed procedures at this time.

According to the ODG: arthroscopic cartilage surgery (which includes microfracture, chondroplasty, meniscectomy-type procedures)

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

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.

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

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- INTERQUAL CRITERIA
- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TEXAS TACADA GUIDELINES
- TMF SCREENING CRITERIA MANUAL

**PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE
(PROVIDE A DESCRIPTION)**

**OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME
FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**