

# **INDEPENDENT REVIEWERS OF TEXAS, INC.**

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## Notice of Independent Review Decision

**DATE OF REVIEW:** 05/24/10

**IRO CASE NO.:**

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

Item in dispute: Outpatient: Left knee examination under anesthesia (EUA), diagnostic Arthroscopy with debridement versus repair at University Medical Center as requested by Dr.

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

Texas Board Certified Orthopedic Surgeon

**REVIEW OUTCOME**

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

Denial Upheld

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

1. MRI of the left knee dated 11/11/09 and 03/10/10
2. Radiographs of the bilateral knees dated 12/09/09
3. Clinical notes dated 12/09/09-04/12/10
4. Operative report dated 01/20/10
5. Prior reviews dated 04/21/10 and 04/27/10
6. Prospective review response dated 05/12/10
7. Coversheet and working documents
8. **Official Disability Guidelines**

**PATIENT CLINICAL HISTORY (SUMMARY):**

The employee is a male who sustained an injury on xx/xx/xx.

An MRI of the left knee dated 11/11/09 reported findings of degenerative changes of the posterior horn of the medial meniscus with no obvious tear. It was also reported osteoarthritic changes of the medial femoral tibial joint and patellofemoral joint with chondromalacia.

Radiographs of the left knee dated 12/09/09 reported findings of narrowing of the medial compartment and spur formation.

A clinical note dated xx/xx/xx reported the employee was injured when he was involved in a motor vehicle accident.

An operative report dated 01/20/10 reported the employee underwent a left knee examination under anesthesia, partial medial and lateral meniscectomies and chondroplasty.

A physical therapy evaluation dated 02/05/10 reported the employee complained of 4-5/10 pain. The physical examination of the left knee reported swelling, antalgic gait, 55 degrees of extension, 15 degree extension lag, and 3/5 motor strength.

A clinical note dated 03/01/10 reported the employee was making progress with in-school therapy until he began using one crutch. The employee complained of pain and instability of the knee.

An MRI of the left knee dated 03/10/10 reported findings of a stable tear along the free-edge of the posterior horn of the medial meniscus with no new meniscal tears present.

A clinical note dated 04/12/10 reported the employee complained of 5-10/10 pain. The physical examination reported medial jointline tenderness, pain with McMurray's, a 5 degree extension lag, and lack of 10-15 degrees of full flexion secondary to discomfort. The employee was recommended for surgical intervention.

A prior review dated 04/21/10 reported the prior request for left knee surgical intervention was denied, secondary to a flawed request. The note reported the request should have stated for a repeat arthroscopy not MRI.

A prior review dated 04/27/10 reported the request for left knee surgical intervention was denied secondary to MRI findings and lack of postsurgical treatment.

A prospective review response dated 05/12/10 reported the request for repeat arthroscopy was not medically necessary secondary to the employee's symptoms were arthritic related and not mechanical or meniscal.

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

The request for left knee examination under anesthesia, diagnostic arthroscopy with meniscal debridement versus repair is not medically necessary. The clinical documentation indicates the employee underwent a left knee diagnostic arthroscopy

with debridement and partial medial and lateral meniscectomies with chondroplasty on 01/20/10. A repeat MRI study dated 03/10/10 revealed evidence of postsurgical changes with no new meniscal tears present. Practice guidelines recommend that employees have positive imaging evidence before surgical intervention is warranted. There is also a lack of post-surgical conservative care documented with the exception of twelve sessions of physical therapy.

As such, medical necessity for the request for left knee examination under anesthesia, diagnostic arthroscopy with meniscal debridement versus repair is not established at this time.

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

***Official Disability Guidelines***, Knee and Leg Chapter, Online Version

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.