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## Notice of Independent Review Decision

**DATE OF REVIEW:** 4/20/2010

**IRO CASE #:**

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

The item in dispute is the prospective medical necessity of an arthroscopy meniscectomy medial / lateral right knee.

**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 Orthopedics. The reviewer has been practicing for greater than 15 years.

**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 arthroscopy meniscectomy medial / lateral right knee.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Records were received and reviewed from the following parties: xxxxx, xxxxx, and xxxxx xxxxx.

These records consist of the following (duplicate records are only listed from one source): Records reviewed from xxxxx: Office Notes – 8/3/09-3/18/10 and, MD MRI – right knee arthrogram report – 12/7/09.

Records reviewed from xxxxx: denial letter – 3/2/10 & 3/17/10; EPOSG Pre-Auth request – 2/25/10 & 3/11/10, Pending Review – 11/12/09;., MD MRI right knee w/o contrast report – 3/4/09;., MD Procedure report – 7/29/09; and Rehab Daily Notes – 1/5/10-1/22/10.

Records reviewed from xxxxx: , MD report – 3/8/10.

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

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The claimant was injured. It “pivoted his knee” while getting off, as noted on 8-3-09. He was documented to have sustained a medial meniscal tear and to have grade 3

chondromalacia of the medial compartment. A recurrent or persistently painful right knee (despite a July-09 arthroscopic surgery) has been documented. "I am still having pain in my right knee." has been the subjective quote documented by the AP for the last several months. The AP has also referenced some complaints of locking and clicking (and quoted a "pop" in the knee months prior. However, recent notes in 2010 have not specifically quoted any mechanical symptomatic complaints by the claimant, aside from the "pain." The claimant initially was noted to have done reasonably well post-op, as reflected by the AP records.

The exam findings had revealed (on 3-18-10 and previously) that the claimant has a mild effusion, medial joint line tenderness with a +McMurray and Apley signs. A medial meniscal tear has been noted on a recent MRI-arthrogram. (The AP had previously indicated that those imaging findings were compatible with a prior medial meniscal surgery and thin articular cartilage and not any re-tear., as noted on 12-14-09.)

Treatment with meds, therapy and 1 cortisone injection have failed. Another arthroscopic procedure with meniscectomies has been proposed. The AP advised that there will be ongoing "arthritis" related post-op pain (as noted on 2-1-10) despite another procedure but also felt that another procedure was reasonably required.

The MRI/arthrogram report from 12-9-09 was noted to reveal findings as above, without indicating that the tear was new or old. (This reviewer compared the 3-4-09 dated MRI report to the more recent imaging studies.)

The 3-2-10 and 3-17-10 dated letters of denial was reviewed. The rationale included that there was insufficient evidence of non-operative treatment post-op, including NSAID's and injections. An additional denial rationale included the MR/arthrogram report which potentially was felt to represent an old finding.

The 7-29-09 dated operative report was reviewed in detail. The "smoothing" of the articular cartilage injury and the fact that the only other abnormality/ tear were "excised" was noted. Post-op therapy records were reviewed.

A right knee MRI from 3-8-10 was reviewed and compared by the radiologist to prior studies. The "vertical tear" was reportedly new as compared to the previously noted longitudinal tears in prior studies, including from 12-7-09. Tendinosis of both the quadriceps and patellar tendon were also felt to represent newer "interval" developments.

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

The initial arthroscopic procedure was uncomplicated and appeared to fully address all of the acute intra-articular pathology, as was well detailed by the AP. In addition, applicable guidelines would only support another procedure with consistent (two) subjective and (two) objective abnormalities. The only consistent subjective complaint appears to be pain, as the other patient-attributed complaints were never quoted by the AP (despite the consistency of the exclusively "pain" quote). With no consistency to the other complaints, guidelines would not support another procedure as proposed.

In addition, with only one (cortisone) injection having been administered, the ongoing consistent subjective "pain" complaints have not been reasonably documented to have failed reasonable/comprehensive non-operative injectibles (guideline listed as "medication") treatments such as at least one viscosupplementation series. Neither therapy or reduced activities would have been expected to fully resolve the intra-articular "pain" complaints, considering the scope-documented grade 3 chondromalacia.) Again, guidelines would therefore also not support another proposed arthroscopic procedure.

Finally, the MRI-arthrogram findings are likely to be more accurate than the more recent MRI, and, appear to exclusively and conclusively radiographically reflect (as initially indicated by the AP) the prior meniscal tear (excision) that has already been treated arthroscopically.

Reference: ODG Guidelines

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.

ODG Indications for Surgery™ -- Diagnostic arthroscopy:

Criteria for diagnostic arthroscopy:

1. Conservative Care: Medications. OR Physical therapy. PLUS
2. Subjective Clinical Findings: Pain and functional limitations continue despite conservative care. PLUS
3. Imaging Clinical Findings: Imaging is inconclusive.

**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 KNOWLEDGBASE
- 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)