

INDEPENDENT REVIEWERS OF TEXAS, INC.

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Notice of Independent Review Decision

DATE OF REVIEW: 05/03/10

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Item in dispute: Left knee arthroscopy partial meniscectomy lateral release (29881, 29873)

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. Clinical note dated 01/14/10
2. Clinical note dated 01/19/10
3. Clinical note dated 01/29/10
4. Clinical note dated 02/09/10
5. Clinical note dated 02/18/10
6. Clinical note dated 03/04/10
7. Clinical note dated 03/24/10
8. Clinical note dated 03/25/10
9. Appeal letter dated 04/02/10
10. Undated letter
11. MRI of the left knee dated 01/26/10
12. X-ray of the left knee dated 01/13/10
13. Prior review dated 03/31/10

14. Prior review dated 04/01/01
15. Prior review dated 04/08/10
16. PSI Job Description
17. **Official Disability Guidelines**

PATIENT CLINICAL HISTORY (SUMMARY):

This is a -year-old female employee who sustained an injury to her left knee on xxxxxx, when she was walking and a co-worker called out to her, and she twisted her left knee.

X-rays taken on xxxxxx did not reveal any abnormalities. The employee was initially treated with a knee immobilizer. The employee's current job duties are fairly sedentary, requiring sitting at a desk for eight hours a day and answering phones and computer work.

The clinical note dated 01/19/10 stated the employee was placed in an athletic, hinged knee support, and was given a prescription for Celebrex and Darvocet, and was recommended to be non-weight bearing.

An MRI of the left knee on 01/26/10 was unremarkable. The medial and lateral menisci were stated to be unremarkable.

On 02/18/10, the employee had an aspiration of her left knee, and was given a steroid injection.

A clinical note dated 03/04/10 stated the employee was doing a "little better" with less pain and swelling. The employee was recommended for physical therapy.

A clinical note dated 03/25/10 stated the employee was complaining of catching and locking. It was stated that physical therapy and home exercises had not helped. The physical examination showed there was mild medial and lateral joint line tenderness. There was also mild tenderness over the medial femoral condyle and over the patella. There was mild pain with range of motion, and a positive apprehension and J sign. Flexion was 99 degrees, extension was 0 degrees with mild effusion, moderate crepitus, and mild weakness with flexion and extension. There was mild swelling noted and a positive McMurray's. The employee was recommended to continue physical therapy and was also recommended for a left knee arthroscopy with a partial lateral meniscectomy. The requested left knee arthroscopy was denied on prior peer reviews three times, as there was no evidence of a meniscal tear on the MRI.

An appeal letter dated 04/02/10 stated felt the employee had a medial meniscus tear, and patella subluxation that was not revealed on the MRI, and physical therapy, home exercises, bracing, injection, and medications have not improved her symptoms

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

The employee is complaining of continued knee pain. The medical necessity remains non-established for the requested left knee arthroscopy with partial meniscectomy and lateral release, as the imaging studies do not confirm the presence of a meniscal tear.

As the employee does not meet the criteria per current evidence based guidelines for a meniscectomy, the medical necessity is not established for the requested left knee arthroscopy, partial meniscectomy, and lateral release.

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.

[\(Washington, 2003\)](#)

ODG Indications for Surgery™ -- Lateral retinacular release:

Criteria for lateral retinacular release or patella tendon realignment or maquet procedure:

1. Conservative Care: Physical therapy (not required for acute patellar dislocation with associated intra-articular fracture). OR Medications. PLUS
2. Subjective Clinical Findings: Knee pain with sitting. OR Pain with patellar/femoral movement. OR Recurrent dislocations. PLUS
3. Objective Clinical Findings: Lateral tracking of the patella. OR Recurrent effusion. OR Patellar apprehension. OR Synovitis with or without crepitus. OR Increased Q angle >15 degrees. PLUS
4. Imaging Clinical Findings: Abnormal patellar tilt on: x-ray, computed tomography (CT), or MRI.

[\(Washington, 2003\)](#) [\(Fithian, 2004\)](#) [\(Aderinto, 2002\)](#) [\(Naranja, 1996\)](#) [\(Radin, 1993\)](#)