



Specialty Independent Review Organization

**Notice of Independent Review Decision**

**DATE OF REVIEW:** 10/25/10

**IRO CASE #:**

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

The item in dispute is the prospective medical necessity of a right knee scope SX (29874).

**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 more 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 disagrees with the previous adverse determination regarding prospective medical necessity of a right knee scope SX (29874).

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Records were received and reviewed from the following parties:  
MD and

These records consist of the following (duplicate records are only listed from one source): Records reviewed from MD: Progress Note – 6/8/10-6/29/10, Patient History – 6/8/10, and Reconsideration letter – 7/16/10.

Records reviewed from: MD Pre-auth Request – undated, Appeal request – undated; Denial letter – 7/15/10.

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

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The male has a history of a direct trauma to the anterior aspect of each knee. An initial diagnosis was patellar contusion with PF compression syndrome. Subsequently, lateral joint line tenderness, patella-femoral crepitus and a significant effusion were noted. An MRI was read by the AP as being “normal.” An appeal letter denoted the probability of a (not typically visualizable on MRI\_ intra-articular “loose body’. He also denoted the indication for an arthroscopic procedure due to a worsening of pain, occasional popping and clicking, and, overall objective findings. The AP noted that the claimant has failed reasonable non-operative treatment. Denial letters denoted the unremarkable (or unavailable for review at all) MRI findings and the lack of adequate evidence of a trial and failure of non-op treatment.

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

The aggregate of documentation now supports that the claimant has failed reasonable non-operative treatment over an extended period of time. The subjective and objective findings correlate with the injury mechanism, regardless of the unremarkable MRI report. As noted by the AP, intrarticular loose bodies (and other cartilaginous injuries) are frequently non-visualizable on MRI. A direct blow to the anterior knee has resulted in either persistent synovitis and/or articular cartilage damage +/- a loose body. The proposed procedure is medically reasonably required at this time, based on applicable guidelines.

The ODG states an arthroscope is a tool like a camera that allows the physician to see the inside of a joint, and the surgeon is sometimes able to perform surgery through an arthroscope, which makes recovery faster and easier.

Recommended as indicated below. Not recommended as a primary treatment for osteoarthritis, since arthroscopic surgery for knee osteoarthritis offers no added benefit to optimized physical therapy and medical treatment.

**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

**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)