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Notice of Independent Review Decision

DATE OF REVIEW: 11/11/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of a left knee arthroscopy.

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 10 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 a left knee arthroscopy.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties:
Dr.

These records consist of the following (duplicate records are only listed from one source): Records reviewed from Dr.: 3/24/10 to 10/13/10 subsequent medical reports by Dr., 3/25/10 operative report, 6/1/10 left knee MRI report, 3/16/10 EKG report, 3/16/10 laboratory report 3/16/10 chest x-ray report, 12/29/09 left knee MRI report and 3/8/10 initial consult report.

: 7/8/10 report by, MD.

RSL: 10/27/10 report by, 10/27/10 IRO summary letter, 11/9/09 Form 1, various DWC 73 forms, 11/9/09 to 6/29/10 reports by MD, daily notes by PT 11/24/09 to 4/20/10, 12/8/09 to 6/24/10 RTW slips, 3/26/10 pathology report, 4/8/10 re-eval report by, PT, 6/3/10 report by, NP, reports by, MD 6/10/10 to 7/8/10, MS exams 7/7/10 to 9/30/10, 7/7/10 case management reports, LMN reports of 7/8/10 to 9/9/10, daily notes 7/8/10 to 8/12/10, 7/26/10 to 9/2/10 individual progress notes, 7/9/10 initial report, 7/15/10 report by Ph D, 7/26/10 preauth letter, 9/24/10 denial letter, 8/25/10 preauth letter, 7/30/10 denial letter and 9/2/10 denial letter.

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 left knee arthroscopic surgery in March, 2010. Operative, post-op pain mgmt. and PT records were reviewed. The claimant specifically was noted to have undergone arthroscopic partial medial and lateral meniscectomies, along with a chondroplasty including drilling and lateral release in March 2010. The operative note revealed that the claimant had chondromalacia and tears however was left with “stable” cartilaginous surfaces. On 10/13/10 and prior dates, the Attending Physician noted that the claimant complained of recurrent knee pain and “mechanical symptoms.” He was noted to have tenderness along the knee joint lines with positive McMurray’s, along with patellar tendon (severe) tenderness/”tendinosis without tear.” An MRI from 6/1/10 report revealed menisci tears and arthritic changes, along with a small effusion. A 6/10/10 dated 2nd opinion and cortisone injection was noted for diagnoses of recurrent meniscal tears. Chiropractic treatments were noted, including a soft brace and a topical. In psych-related sessions from the summer, 2010, the claimant discussed low back pain with left leg shooting pain. He also discussed “physical responses” (of various body parts) and “racing thoughts”, as of the final psych note 9/2/10. Prior denials based on the lack of op. note, MRI and psych. issues potentially affecting recovery were noted.

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

There was significant post-op improvement for months after the March, 2010 procedure. Within the procedure “stable” surfaces were produced arthroscopically. However, chondromalacia was noted at the time. There has been no documentation of a specific new injury. Additionally, the mechanical symptoms have not been documented to be consistent or severe. The claimant’s subjective and objective findings, clinically and on MRI, are more likely than not, related to continued arthritic ‘wear and tear’ and/or residual imaging findings of partial cartilage resections post-op. Repeat arthroscopic treatment would likely have the same results as the first procedure, especially in this claimant whose not had a documentation of psych-related issues that would affect issues of recovery/outcome. There has also not been documentation of recent intra-

articular trials of non-operative treatment such as unloader bracing or visco-supplementation.

Orthopedics. 2010 Sep 7;33(9):652. doi: 10.3928/01477447-20100722-34.

The role of arthroscopy in treating osteoarthritis of the knee in the older patient. Howell SM. Department of Mechanical Engineering, University of California Davis, Sacramento, California, USA. sebhowell@mac.com

Abstract: Arthroscopy of the osteoarthritic knee is a common and costly practice with limited and specific indications. The extent of osteoarthritis (OA) is determined by joint space narrowing, which is best measured on a weight-bearing radiograph of the knee in 30° or 45° of flexion. The patient older than 40 years with a normal joint space should have a magnetic resonance image taken to rule out focal cartilage wear and avascular necrosis before recommending arthroscopy. Randomized controlled trials of patients with joint space narrowing have shown that outcomes after arthroscopic lavage or debridement are no better than those after a sham procedure (placebo effect), and that arthroscopic surgery provides no additional benefit to physical and medical therapy. The American Academy of Orthopedic Surgeons guideline on the Treatment of Osteoarthritis of the Knee (2008) recommended against performing arthroscopy with a primary diagnosis of OA of the knee, with the caveat that partial meniscectomy or loose body removal is an option in patients with OA that have primary mechanical signs and symptoms of a torn meniscus and/or loose body. There is no evidence that removal of loose debris, cartilage flaps, torn meniscal fragments, and inflammatory enzymes have any pain relief or functional benefit in patients that have joint space narrowing on standing radiographs. Many patients with joint space narrowing are older with multiple medical comorbidities. Consider the complications and consequences when recommending arthroscopy to treat the painful osteoarthritic knee without mechanical symptoms, as there is no proven clinical benefit. Copyright 2010, SLACK Incorporated. PMID: 20839687 [PubMed - in process]

ODG-Knee Chapter - 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 SurgeryTM -- 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)**

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