



Notice of Independent Review Decision

DATE OF REVIEW: 10/6/10

IRO CASE #: **NAME:**

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Determine the appropriateness of the previously denied request for right knee arthroscopy, medial/lateral meniscectomies, PCL repair, 2 or more compartment synovectomies, abrasion arthro/multiple drilling/microfracture. (CPT codes 29881, 27407, 29876, and 29879)

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

Texas licensed physician

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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

The previously denied request for right knee arthroscopy, medial/lateral meniscectomies, PCL repair, 2 or more compartment synovectomies, abrasion arthro/multiple drilling/microfracture. (CPT codes 29881, 27407, 29876, and 29879)

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

- Referral Letter dated 9/30/10.
- Report of Medical Evaluation dated 8/17/10.
- Review of Medical History/Physical Examination Report dated 8/17/10, 8/9/10, 6/19/10.
- MRI of the Right Knee Report dated 7/27/10, 1/21/10.
- Re-Evaluation Report dated 4/29/10, 4/1/10, 3/10/10
- Progress Notes dated 4/19/10, 4/9/10, 4/5/10, 3/31/10, 3/24/10, 3/3/10.
- Work Status Report dated 4/19/10, 4/5/10, 3/24/10, 3/3/10, 2/3/10.
- Request for Authorization dated 4/9/10 x2, 3/3/10, 2/3/10.
- Operative Report dated 2/19/10.
- Examination Report dated 2/3/10.
- Encounter Form dated 11/6/09.
- Office Visit Report dated 11/30/09, 11/25/09, 11/23/09, 11/20/09, 11/18/09, 11/16/09, 11/13/09, 11/9/09
- There were no guidelines provided by the URA for this referral.

PATIENT CLINICAL HISTORY (SUMMARY):

Age: xx

Gender: Male

Date of Injury: xx/xx/xx

Mechanism of Injury: Walking up steps, fell and hit his right knee; he stood up, caught his foot and fell injuring the right shoulder and right hip.

Diagnosis: Persistent or recurrent lateral and medial meniscal tears.

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

This male was injured on xx/xx/xx when he was walking up steps, fell and hit his right knee; he stood up, caught his foot, and fell injuring the right shoulder and right hip. He had persistent or recurrent lateral and medial meniscal tears. Initial treatment for the neck, back, hip, and knee was chiropractic without benefit. A 01/21/10 MRI of the right knee showed a low grade sprain of the medial collateral ligament with pericapsular edema. There was grade II signal abnormality of the medial meniscus with an oblique tear to the inferior articular surface. Moderate thinning of the cartilage of the patella and trochlea was seen and there was low grade chondromalacia of the medial and lateral tibial plateau. The claimant saw Dr. on 2/03/10 for anterolateral and medial pain. On examination, there was no effusion. He had tenderness of the patellofemoral articulation. He had no crepitation. There was medial and lateral joint line tenderness with pain on McMurray's testing. X-rays showed enthesopathy around the patella and minimal degenerative changes otherwise. Arthroscopy was recommended. The claimant had a right knee arthroscopy with partial medial and lateral meniscectomy on 02/19/10. There was initial improvement, and then the right knee pain returned. He was treated with anti-inflammatory medication, pain medication, and therapy. On 04/19/10, Dr. noted that attendance at therapy had not been what was

recommended and there had been no improvement in the right knee. The examination was nonfocal.

Dr. recommended additional therapy. The claimant had eight visits from 04/01/10 to 04/29/10 without benefit, and the therapist discharged the claimant to a home exercise program. Active range of motion of the right knee, on 04/29/10, was 5 to 90 degrees with 3 plus muscle strength. The claimant came under the care of Dr. on 06/19/10 for the persistent right knee pain. The claimant reported he was unable to perform activities of daily living due to his knee and low back. Motion was 0-110 degrees. There was crepitus of the patellofemoral and femorotibial compartments. McMurray's and Apley's tests were positive. A 07/27/10 MRI of the right knee showed mild patellar tendinosis and a mild effusion. There was a tear of the posterior horn medial meniscus and a suspected tear of the lateral meniscus. Partial thickness cartilage loss of the medial and lateral femoral condyles was seen. The claimant was seen by Dr. on 08/09/10. The examination of the right knee was unchanged. Arthroscopy was again recommended. This request has been denied. The MRI of 07/27/10 of this claimant's right knee was certainly complicated by the fact that an arthroscopic intervention was performed in February 2010. It would be difficult to tell, based on an MRI report alone, which portions of these could be postoperative findings versus new injury findings. There were really no documents to suggest a new injury in the records. There were some persistent complaints documented after the initial arthroscopy, but there were also some clearly documented degenerative findings on each of the imaging studies. It was unclear if there was a sustained trial of anti-inflammatories. It was unclear if there was consideration of an injection for the arthritic portion of the claimant's complaints. The ODG states: "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." Given these multiple questions remaining, the request for right knee arthroscopy, medial/lateral meniscectomies, PCL repair, 2 or more compartment synovectomies, abrasion arthro/multiple drilling/microfracture (CPT codes 29881, 27407, 29876, 29879) has not been objectively documented as required by the ODG and cannot be considered medically appropriate. Therefore, the previous adverse determination is upheld.

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

□ ACOEM – AMERICAN COLLEGE OF OCCUPATIONAL AND 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.
Knee, meniscectomy.
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR.
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE AND 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).