



MedHealth Review, Inc.

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Notice of Independent Review Decision

DATE OF REVIEW: 9/10/10

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of right knee arthroscopy chondroplasty, medial menisectomy, synovectomy (29880, 29881, 29876, 29877).

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 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 the prospective medical necessity of right knee arthroscopy chondroplasty, medial menisectomy, synovectomy (29880, 29881, 29876, 29877).

INFORMATION PROVIDED TO THE IRO FOR REVIEW

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

These records consist of the following (duplicate records are only listed from one source): Records reviewed from: Pre-auth letter – 7/13/10, Denial Letter – 7/23/10; MD Consultation – 7/2/10; Dr. Eval – 7/2/10; MD MRI report – 3/26/10; and, MD Denied Review – 7/23/10.

Records reviewed from, MD: Carenow Exam Notes – 2/16/10-6/21/10; MD Office Notes – 5/3/10 & 6/10/10; and Plan of Care – 3/10/10.

Records reviewed from Services: DWC73s; notes – 7/8/10-8/9/10; MD NCS/EMG report – 4/23/10; MD Office Notes – 4/7/10-6/1/10; Pre-auth Letter – 3/16/10 & 5/7/10; Plan of Care – 5/3/10, and Progress Note – 3/10/10-6/4/10.

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

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient sustained a twisting and loading injury to the affected knee. Despite a healed Medial collateral ligament injury, there is ongoing medial knee pain and mechanical symptoms. The AP has proposed an arthroscopic surgery. Tenderness, effusion and positive McMurray have all been noted on exam. The 3/28/10 dated MRI findings were felt suggestive of internal derangement, as per the AP. Denial letters were noted to be non-supportive of a synovectomy or chondroplasty (due to insufficient evidence of a pathologic injury to those structures) while supporting a meniscal procedure. Non-operative treatment has reportedly been tried and failed.

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

The claimant's injury mechanism, subjective and objective findings support an internal derangement injury. This produces/has produced chronic synovial inflammation as a response to the cartilaginous injury. The inflamed synovium is contributing to the pain and needs to be debrided. In addition, it is not uncommon to have meniscal pathology mimicking chondral lesions and vice versa. The claimant has an indication for the proposed procedures in order for the claimant to have a complete diagnostic assessment of the ongoing subjective and objective findings. The pathologic tissue (likely a combination of meniscus, particular cartilage and synovium) warrants arthroscopic evaluation and treatment in its entirety as proposed, as per applicable guidelines.

Reference: ODGuidelines

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.

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™ -- 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)