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Notice of Independent Review Decision

DATE OF REVIEW: March 28, 2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Outpatient left knee arthroscopy, possible meniscal debridement, lateral release and posterior shaving of the patella.

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

Fellow American Academy of Orthopaedic Surgeons

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld (Agree)

Medical documentation **does not support** the medical necessity of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a XX-year-old male who was at work on XX/XX/XX, when he slipped in a hole and injured his left ankle and left knee.

20XX: In September, magnetic resonance imaging (MRI) of the left knee revealed tiny joint effusion, subcutaneous edema at the anterolateral aspect of the left knee, intrameniscal signal within the medial and lateral menisci indicating myxoid degeneration and small amount of fluid deep to the distal attachment site of patellar tendon. X-rays of the left knee were unremarkable

M.D. evaluated the patient for left knee pain. It was noted that following the injury, the knee had swollen up and he developed pain that was increased by weightbearing, flexion, and extension. It was tender over the lateral Gerdy tubercle. The knee was aspirated by his local physician and he was treated with physical therapy (PT) with a flexion and extension exercise program. Examination revealed reciprocal heel-toe gait with a limp to the left and a leaning away from the lateral meniscus while kneeling on the knees and sitting back on the heels. There was some quadriceps atrophy implying a significant lesion in the lateral meniscus. Examination of the left lower extremity revealed functional range of motion (ROM) but pain and tenderness over the lateral meniscus, increased stability of the knee in the AP plane and grade one-half Lachman's.

Dr. assessed patellofemoral subluxation because of tender patellar tendon with a dysplastic VMO, hypertrophy of the lateralis, tight patellofemoral ligament and increased Q angle. He opined that the patient had a degenerative tear of his lateral meniscus which was minimally symptomatic and recommended placing the patient on a correct exercise program to see if would get better.

20XX: M.D. an orthopedic surgeon, evaluated the patient for left knee pain. The patient reported worsening complaints with no benefit with PT. Examination revealed left knee pain with apprehension sign and pain over the lateral joint line. Dr. diagnosed tear of the lateral meniscus of the knee joint and patellofemoral syndrome and recommended meniscal debridement and lateral release.

Per utilization review dated February 14, 20XX, the request for outpatient left knee arthroscopy, possible meniscal debridement, lateral release and posterior shaving of the patella was denied with the following rationale: *“The claimant is XX years old and is X months post injury. The claimant has been treated with PT, bracing, and activity modification. The claimant has a positive apprehension sign and patellar subluxation. A prior exam found a positive McMurray’s. The ODG criteria for the performance of lateral release are noted below. The documentation does not mention lateral tracking of the patella or patella alta or Q angle. Neither the MRI nor the x-ray reports mention structural abnormalities. It does not appear the submitted information meets the criteria for either lateral release or meniscectomy.”*

Per utilization review dated March 2, 20XX, the appeal for outpatient left knee arthroscopy, possible meniscal debridement, lateral release and posterior shaving of the patella was denied with the following rationale: *“This XX year old male stepped in a hole and hurt his left ankle and knee on XX, 20XX. He had swelling of the ankle and later the knee. Knee was aspirated. Initial x-rays were normal. He had an MRI of the knee on September 29, 20XX, that showed a tiny effusion and some subcutaneous edema at posterior lateral aspect of the knee. The request for arthroscopy with possible partial meniscectomy, lateral release and posterior shaving of the patella was denied because there was no documented lateral tracking, increased Q angle and the MRI and x-rays showed no tilt. For this appeal we have received the identical records that we had before. There is no response to the concerns of the previous reviewer. There remains no MRI evidence of internal derangement, no clear subluxation on exam or x-ray. The PT note described exquisite tenderness of the knee so it is not surprising there is an apprehension test positive. The MRI shows no evidence of meniscal pathology. Therefore there is not new evidence. The medical necessity of the requested procedure is not established. The denial is upheld for the arthroscopy and debridement.”*

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

According to ODG guidelines, the patient does not meet criteria for a lateral release of the patella, meniscal debridement and posterior shaving of the patella. The patient has no documentation on imaging studies of a lateral tilt to the patella with either the MRI scan or plain x-rays. There also is no documented lateral tracking of the patella or increased Q angle. Therefore the requested procedure primarily for the arthroscopic lateral release does not meet ODG criteria. This is similar to the two previous reviewers.

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

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES