

# Becket Systems

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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:** Aug/14/2011

**IRO CASE #:**

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

Outpatient Left Knee Scope to Include CPT Codes 29880, 29873, 29879, 29874, 29877

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

M.D., Board Certified Orthopedic Surgeon

**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)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Official Disability Guidelines

06/06/11 MRI left knee report

06/17/11, 07/07/11 peer review

Records of Dr. 05/18/11, 06/08/11, 06/28/11

**PATIENT CLINICAL HISTORY SUMMARY**

This is a male who was injured on xx/xx/xx when he stepped off a. Diagnosis was chondromalacia patella, loose body, dislocation of patella and tear of the medial cartilage. Dr. evaluated the claimant on 05/18/11 for knee pain. The claimant reported swelling, occasional buckling and giving way. Examination revealed moderate effusion to the left knee, medial joint line pain, and positive patella grind. Range of motion was from 5 to 115 degrees. Positive McMurry was reported. The x-rays of the left knee that day showed no acute process. The MRI of the left knee from 06/06/11 showed bilateral meniscal tears, partial tear in the medial collateral ligament, and tendinopathy of the popliteus tendon, chondromalacia of the patella and cystic degeneration and ganglion cyst of the anterior cruciate ligament. The ligament was intact. On 06/08/11, Dr. stated that the MRI was over-read and clinically there was no a partial tear of the medial collateral ligament. Examination revealed positive McMurray and no laxity. Dr. has recommended left knee scope, lateral release, removal of loose bodies, chondroplasty and medial/lateral meniscectomy. The claimant has been treated with NSAIDS.

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

In the records provided there is no documentation that the claimant had a dislocation of the patella or kneecap. There is no evidence of lateralization of the patellofemoral articulation. I did have the opportunity to review the MRI report of the left knee and there was no evidence

of bone bruise to support a lateral patellofemoral dislocation and no tilting of the patella documented. Given the above issues, I cannot recommend as medically necessary the surgery as requested; there is no tilting, no evidence of lateral patellofemoral compression syndrome or malalignment. There is no clear evidence of loose bodies. Based on review of the records provided and the evidence based medicine and the Official Disability Guidelines, the reviewer finds there is no medical necessity at this time for Outpatient Left Knee Scope to Include CPT Codes 29880, 29873, 29879, 29874, 29877.

Official Disability Guidelines Treatment in Worker's Comp, 16th edition, 2011 Updates, chapter knee, meniscectomy, lateral retinacular release and chondroplasty

### 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.

- Lateral retinacular release

Criteria for lateral retinacular release or patella tendon realignment or maquet procedure

1. Conservative Care: Physical therapy (not required for acute patellar dislocation with associated intra-articular fracture). OR Medications. PLUS
2. Subjective Clinical Findings: Knee pain with sitting. OR Pain with patellar/femoral movement. OR Recurrent dislocations. PLUS
3. Objective Clinical Findings: Lateral tracking of the patella. OR Recurrent effusion. OR Patellar apprehension. OR Synovitis with or without crepitus. OR Increased Q angle >15 degrees. PLUS
4. Imaging Clinical Findings: Abnormal patellar tilt on: x-ray, computed tomography (CT), or MRI.

### Chondroplasty

Criteria for chondroplasty (shaving or debridement of an articular surface)

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

4. Imaging Clinical Findings: Chondral defect on MRI

(Washington, 2003) (Hunt, 2002) (Janecki, 1998)

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

ACOEM-AMERICA 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)