



**CLAIMS EVAL**

*Utilization Review and  
Peer Review Services*

Notice of Independent Review Decision-WCN

**CLAIMS EVAL REVIEWER REPORT - WCN**

**DATE OF REVIEW: 2-21-11**

**IRO CASE #:**

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

Right knee scope with PMM and Poss chondroplasty/synovectomy 29880, 29881, 29876, 29877

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

American Board of Orthopaedic Surgery-Board Certified

**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.

### **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

- 12-28-10 MRI of the right knee.
- 1-7-11 office visit.
- 1-14-11 Utilization Review
- 2-1-11 Utilization Review
- 2-14-11 Peer Review.

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

12-28-10 MRI of the right knee showed meniscal tear involving the posterior horn and body of the medial meniscus as described above. There is associated chondromalacia within the medial compartment which is mild to moderate in severity. There is no subchondral cyst or edema.

1-7-11 D.O.: The claimant has a history of an injury that occurred on XX/XX/XXXX. He was working and bent down to pick up an object when he felt a pop in his right knee joint. Now he complains of pain over the medial joint line of the right knee joint. The pain increases with all plant and twist activities. He feels unstable and has popping in the joint. He has no prior similar injury history. He has never had surgery on the right knee joint. The patient was initially seen by Dr. and has now been sent to me for orthopedic evaluation and care. On exam, palpation indicates tenderness over the medial joint line of the right knee joint. He has some slight patellofemoral pain as well. His medial McMurray and medial Apley tests are markedly positive and reproduce his medial joint line pain. The lateral joint line testing is negative. His collateral and cruciate ligaments are intact and his Lachman and drawer signs are negative. His patellofemoral joint appears to be normal in function and tracking and he has no patellofemoral pain, tenderness, or crepitus. He has no untoward yams or valgus angulations. There is a 1+ effusion in the office today, He has no gross muscle atrophy. Neurological exam is normal. MRI scan findings of the right knee reveal a significant complex medial meniscus tear with associated chondromalacia of the medial compartment. Impression: Acute internal derangement of the right knee with complex medial meniscus tear and associated traumatic chondromalacia. Plan: Operative arthroscopy of the right knee joint with probable partial meniscectomy, chondroplasty, and possibly we will also have to do a synovectomy as he does have significant swelling in the joint.

1-14-11 Utilization Review performed by MD., notes that as per medical report dated 1-7-11, the patient complains of right pain. On physical examination, there is tenderness

to palpation over the medial joint line of the right knee joint. He has some slight patellofemoral pain and medial McMurray and medial Apley tests are markedly positive and reproduce medial joint line pain. His collateral and cruciate ligaments are intact and his Lachman and drawer sign are negative. Upon review of the report, the patient does not exhibit feeling of give way, locking, clicking, or popping. There is no clear documentation of conservative treatment including PT and activity modification. Pharmacotherapy including dosage, frequency and response are not mentioned in the report. With these, the need for the request is not substantiated at this time.

2-1-11 Utilization Review performed by MD., notes records indicate that there was an adverse determination of a previous review. In acknowledgement of the previous non-certification, there is now documentation that the medical record dated 1/7/11 showed persistent right knee pain. Current physical examination revealed full active range of motion with pain. There is motor strength of 4+/5. There is tenderness over the medial joint line and patellofemoral area with 1+ effusion. MRI showed a meniscal tear involving the posterior horn and body of the medial meniscus. There is associated chondromalacia within the medial compartment which is mild to moderate in severity. However, there is no documentation of conservative care (Physical therapy OR Medication OR Activity modification). With this, the necessity of the request could not be established at this time.

2-14-11 MD., performed a Peer Review. the mechanism of injury is the injured employee was working on a countertop, bent down to pick it up, twisted the knee, and felt a pop and swelling in the knee. Based on the objective medical evidence reviewed, the mechanism of injury, and the initial evaluation, the compensable injury for the event of XX/XX/XXXX, is right knee medial meniscal tear. Based on the objective medical evidence reviewed, the injured employee has pre-existing ordinary disease of life chondromalacia within the medial compartment of the involved knee, which is mild to moderate in severity. Based on the objective medical evidence reviewed, the mechanism of injury, and the Initial evaluation, there is no competent, objective and independently confirmable medical evidence that the pre-existing conditions were aggravated by the compensable injury. The injured employee's current complaints of right knee medial joint line pain and swelling are causally related to the compensable injury of medial meniscus tear. For the injured employee's right knee soft tissue strain and medial meniscus tear, the Official Disability Guidelines would support short-term treatment with arthroscopic partial meniscectomy. The Injured employee has failed conservative treatment and has a meniscal tear by diagnostic imaging. Arthroscopic surgery is now the standard of care for meniscal surgery. It has the advantage of producing less pain and promises a quicker recovery. The Official Disability Guidelines Knee and Leg Chapter, updated January 29, 2011, would support twelve visits over twelve weeks of physical therapy postoperatively as reasonably required to address the sequelae of the compensable event, For a long-term treatment plan, the Official Disability Guidelines would support the Injured employee following with the treating physician on an as-needed basis only. Based on the objective medical evidence reviewed, the current condition is a continuation of prior compensable injury of

XX/XX/XXXX. Based on the objective medical evidence reviewed, there is no evidence of enhancement, acceleration, or worsening of the underlying original condition.

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

THERE HAS BEEN A LACK OF DOCUMENTAION OF A TRIAL AND FAILURE OF A COMPREHENSIVE NON-OPERATIVE TREATMENT PROTICOL, INCLUDING MEDICATIONS AND PHYSICAL THERAPY (OR SIGNIFICANT ACTIVITY MODIFICATION.) THEREFORE, THE PROPOSED PROCEDURE IS NOT REASONABLY REQUIRED AT THIS TIME, AS PER APPLICABLE GUIDELINES.

**ODG-TWC, last update 2-17-11 Occupational Disorders of the Knee – diagnostic arthroscopy:** Recommended as indicated below. Second look arthroscopy is only recommended in case of complications from OATS or ACI procedures, to assess how the repair is healing, or in individual cases that are ethically defensible for scientific reasons, only after a thorough and full informed consent procedure. (Vanlauwe, 2007) In patients with osteoarthritis, the value of MRI for a precise grading of the cartilage is limited, compared to diagnostic arthroplasty. When the assessment of the cartilage is crucial for a definitive decision regarding therapeutic options in patients with osteoarthritis, arthroscopy should not be generally replaced by MRI. The diagnostic values of MRI grading, using arthroscopy as reference standard, were calculated for each grade of cartilage damage. For grade 1, 2 and 3 lesions, sensitivities were relatively poor, whereas relatively better values were noted for grade 4 disorders. (von Engelhardt, 2010)

**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.

(Washington, 2003) (Lee, 2004)

For average hospital LOS if criteria are met, see Hospital length of stay (LOS).

**Chondroplasty:** Recommended as indicated below. Not recommended as a primary treatment for osteoarthritis, since arthroscopic surgery for knee osteoarthritis offers no added benefit to optimized physical therapy and medical treatment. (Kirkley, 2008) See also Meniscectomy.

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

For average hospital LOS if criteria are met, see Hospital length of stay (LOS).

**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)