The DYLL REVIEW
We take the worry out of Peer Reviews
25 Highland Park Village #100-177 Dallas TX 75205
Phone: 888-950-4333 Fax: 888-9504-443

Notice of Independent Review Decision

DATE OF REVIEW: 12/17/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

29880 Arthroscopic medial and lateral meniscectomy right knee OR
29881 Arthroscopic medial or lateral meniscectomy, right knee
29887 Arthroscopic Chondroplasty, right knee
G0289 Arthroscopic removal of loose body w/chondroplasty, right knee

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

The physician performing this review is a Board Certified Orthopedic Surgeon. He is affiliated with two hospitals. He is a Candidate member of the American Society of Surgery of the Hand and American Academy of Orthopaedic Surgeons. He has co-authored several publications.

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 proposed arthroscopic medial and lateral meniscectomy for the claimant's right knee would not be considered medically necessary or appropriate based upon the records provided in this case. The medial and lateral chondroplasty, and patellofemoral chondroplasty is not recommended.

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INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records received: 14 page fax 12/07/10 Texas Department of Insurance IRO request, 108 page fax, 115 page fax , and 4 page fax on 12/9/2010 URA response to disputed services including administrative and medical records.

PATIENT CLINICAL HISTORY [SUMMARY]:

This is a female who fell onto her right knee on xx/xx/xx. The claimant underwent arthroscopic right knee partial medial and lateral meniscectomy, medial and lateral femoral chondroplasty and patellofemoral chondroplasty on 11/26/08. Intraoperative findings were medial and lateral femoral chondromalacia grade III on the lateral side and grade IV on the medial side, and patellofemoral chondromalacia grade III.

Dr. followed the claimant through 2009 for persistent right knee pain, swelling and giving out. It was noted that the claimant was falling. The claimant was treated with home exercise program, physical therapy, 05/19/09 Synvisc one injection, narcotics and anti-inflammatory medications. On 10/20/09, Dr. reviewed the medical records and opined that the claimant had longstanding pre-existing condition to both knees.

On 01/25/10, Dr. performed a required medical examination. The claimant reported difficulties with stairs and night pain. The claimant had mild limitation of flexion and full extension. Diagnosis was status post partial medial and lateral meniscectomies, right knee chondromalacia.

Dr. saw the claimant on 05/05/10 for an impairment rating. Range of motion was from 4 to 118 degrees on the right. A slight varus knee was noted. A 4 percent impairment rating was recommended.

The 10/06/10 right knee x-rays showed moderate to severe osteoarthrosis most prominent at the medial compartment of the knee. Dr. evaluated the claimant on 10/06/10 for right knee pain. X-rays that day showed bone on bone to the medial compartment with some narrowing of the lateral compartment. Range of motion was from 0 to 90 degrees. There was a mild varus deformity and mild effusion. Positive McMurray was noted. There was medial joint line tenderness. Diagnosis was traumatic arthritis to the medial compartment. Recommendations were for uni-knee or total knee arthroplasty, and MRI.

The MRI of the right knee from 10/26/10 showed medial meniscus tear, tricompartmental osteoarthrosis with high-grade patellofemoral and medial femorotibial compartment chondrosis and degenerative thickening involving the proximal lateral collateral ligamentous complex. On 11/01/10, the MRI was reviewed. An arthroscopy was recommended.

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

If one looks towards the Official Disability Guidelines indications for meniscectomy, there should be subjective clinical findings, at least two present, of the following: Joint pain or swelling or feeling of giving way or locking, clicking, or popping. In this case, pain and swelling is present. However, no mechanical symptoms are present.

There should be objective clinical findings present, at least two: A positive McMurray's sign or joint line tenderness or effusion or limited range of motion or locking, clicking, or popping or crepitus. In this case, McMurray's is documented as minimally positive. There should be imaging and clinical findings of meniscal tear on MRI. In this case, a recent MRI does demonstrate a medial meniscal tear but also demonstrates tricompartmental osteoarthritis with high-grade patellofemoral and medial femorotibial compartment chondrosis. In this case, no mechanical symptomatology is present, which would suggest a symptomatic meniscal tear. The claimant's knee does not examine as one would expect a symptomatic meniscal tear to examine. Rather, in this case, the claimant has end-stage osteoarthritis affecting the knee. Therefore, based upon the Official Disability Guidelines indications for meniscectomy, arthroscopic medial and lateral meniscectomy for the claimant's right knee cannot be considered medically necessary or appropriate in this case.

The chondroplasty is indicated if there is a chondral defect present on the MRI. It is not recommended as a treatment for osteoarthritis since arthroscopic surgery for knee osteoarthritis offers no added benefit. As this claimant's problem is primarily knee osteoarthritis, and there is no documentation of any type of symptomatic meniscal tear, arthroscopic medial and lateral meniscectomy, medial and lateral chondroplasty, and patellofemoral chondroplasty is not recommended.

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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)**

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REFERENCES:

Official Disability Guidelines Treatment in Workers' Comp 2010 updates, chapter knee, meniscectomy

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.

ODG Indications for Surgery™ -- 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