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**Notice of Independent Review Decision**

**DATE OF REVIEW:** 7/12/11

**IRO CASE #:**

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

The item in dispute is the prospective medical necessity of a right knee arthroscopy surgery (29881), Anesth Dx Knee Arthroscopy (01382), Place Needle in Vein (36000) and Special Service/Report (99199).

**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 10 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 a right knee arthroscopy surgery (29881), anesth, Dx Knee Arthroscopy (01382), Place Needle in Vein (36000) and Special Service/Report (99199).

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Records were received and reviewed from the following parties: Dr. and.

These records consist of the following (duplicate records are only listed from one source): Records reviewed from Dr.: office notes by Dr. from 2/19/10 to 6/7/11, 3/1/11 right knee MRI report, 10/6/10 right shoulder MRI report, 38/10 cervical spine MRI report and 3/8/10 sacrum/coccyx MRI report.

: 6/29/11 letter by, 5/19/11 denial letter, 6/16/11 denial letter, 6/28/10 pt evaluation, 6/15/10 PT script, 7/1/10 report by DO, PT notes from 6/28/10 to 7/19/10, 10/14/10 electrodiagnostic report by MD and 6/5/11 report by, MD.

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

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The female was noted to have slipped on ice on xx/xx/xx. She reportedly fell onto her hands and knees. Diagnoses have included right shoulder supraspinatus syndrome and cervicalgia. Therapy has been rendered to the neck and affected shoulder, as per PT records from the Summer of 2010. Dr. records as of 12/27/10 discussed right knee pain. There was no effusion, positive lateral joint line tenderness and motion from 0-110 degrees. The 3/2/11 dated MRI revealed a complexly torn medial meniscus and degenerative changes with chondromalacia. On 4/15/11, AP records noted "bilateral" knee effusions, pain and giving way, along with tenderness at the medial joint lines and a positive McMurray test at the right knee. On 6/7/11, the AP noted the failure of NSAIDs and restricted activities, supporting (in the AP's opinion) an indication for the proposed arthroscopic procedure.

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

The documentation does evidence both pain and giving way/ mechanical issues in the knee. In addition, there has been adequate documentation of a trial and failure of a non-operative treatment protocol, as defined by failure of meds, or therapy or activity modification. Applicable ODG criteria support an arthroscopic procedure when a diagnosis is in question for meniscal tears (unassociated with a globally osteoarthritic knee) or a knee that has mechanical issues (aside from pain) that are non-responsive to conservative care/non-op. treatment. The later set of circumstances has been documented in this case.

ODG Indications and criteria for Surgery -- Diagnostic arthroscopy:

1. Conservative Care: Medications. OR Physical therapy. PLUS
2. Subjective Clinical Findings: Pain and functional limitations continue despite conservative care.
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. PLUS4. Imaging Clinical Findings: (Not required for locked/blocked knee.) Meniscal tear on MRI.

Based upon the records reviewed, the treatment is medically necessary at this time. The anesthesia-associated 36000 would also be supported as part and parcel of the surgical procedures. 99199 would also be supported also, as per guidelines, in order to discuss the current status of the claimant. Therefore, the requested procedures are approved at this time as medically necessary.

**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)**