INDEPENDENT REVIEWERS OF TEXAS, INC.

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Notice of Independent Review Decision

DATE OF REVIEW: 07/21/11

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Item in dispute: Appeal Right Knee Arthroscopy (29881)

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

Texas Board Certified Orthopedic Spine Surgeon

REVIEW OUTCOME

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

Denial Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1.Clinical notes dated 01/17/2011 to 06/27/2011
2. Radiograph of the right hip and right knee dated 01/17/2011
3. MRI of the right hip dated 03/04/2011,
4. MRI of the right knee dated 04/08/2011,
5. prior reviews dated 06/07/2011 and 06/17/2011
6. **Official Disability Guidelines**

PATIENT CLINICAL HISTORY (SUMMARY):

The patient is a male who sustained an injury to the right knee secondary to a fall.

Clinical note dated 01/17/2011 reported the patient complained of acute right knee pain with a 2 day history. Physical exam revealed tenderness at the right patella along with swelling and abrasion.

Radiograph of the right knee dated 01/17/2011 revealed no fracture or bony abnormality.

Clinical note dated 02/07/2011 reported the patient complained of continued right knee pain that increases with ambulation. The patient also complained of clicking in the hip. Physical exam revealed tenderness over the right patella with swelling and abrasion. MRI of the right hip dated 03/04/2011 revealed some flattening of the femoral head and neck as well as advance osteoarthritis.

Clinical note dated 04/01/2011 reported the patient had been previously treated with medication management to include Hydrocodone, Daypro, Ultram and Medrol Dose Pack. The patient complained of continued knee pain and denied episodes of giving way or locking. Physical exam of the right knee revealed findings of slight medial joint line tenderness.

MRI of the right knee dated 04/08/2011 revealed findings of increased signal of the posterior horn of the medial meniscus on sagittal T1 sequence on axial images 19 – 21 indicating that there could be a small inferior surface tear. The MRI reported that the findings could not be confirmed on any of the other sequences making it very equivocal findings. Clinical note dated 05/23/2011 reported the patient complained of right knee pain. Physical exam of the right knee revealed medial joint line tenderness and minimal lateral joint line tenderness. The patient was recommended for right knee arthroscopy.

Prior review dated 06/07/2011 reported request for meniscectomy was not supported secondary to no significant MRI findings and no documentation of a positive McMurray's. Prior review dated 06/17/2011 reported the request for surgery was denied given the patient's BMI of 56, lack of MRI findings and no history of injections. The note reported that during peer to peer contact, the patient was noted to be over 400 lbs.

Clinical note dated 06/27/2011 reported the patient complained of continued pain with swelling in the right knee. Physical exam revealed medial joint line tenderness.

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

The request for right knee arthroscopy is not medically necessary. The patient is noted to have sustained an injury to the right knee secondary to a fall. The patient has been previously treated with medication management. There is no prior documentation of a course of physical therapy. MRI studies submitted for review indicated evidence of increased signal in the medial meniscus on sagittal views 19 – 21; however, the findings could not be confirmed on other sequences and therefore was given equivocal findings with no definite tear. Prior requests for a meniscectomy was denied twice, secondary to lack of imaging evidence, physical exam findings and the patient's BMI of 56. It is my opinion that given the lack of physical exam findings of a positive McMurray's and equivocal MRI findings the requested right knee arthroscopy would not be reasonable or necessary. ***Official Disability Guidelines*** state that patients should have a documented mensical tear on imaging studies and positive physical exam findings prior to meniscectomy procedures.

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

Official Disability Guidelines, Knee and Leg Chapter.

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.