

AccuReview
An Independent Review Organization
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Notice of Independent Review Decision

DATE OF REVIEW: SEPTEMBER 1, 2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

29877 Knee Arthroscopy/Debridement
29879 Abrasion Arthroplasty
29881 Arthroscopy Knee Surg, W/Menisc

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

This reviewer is a Board Certified Orthopedic Surgeon with over 40 years of experience.

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

November 23, 210: MRI of the Right knee revealed disproportionate articular cartilage loss the patellofemoral compartment was significant chondromalacia patella and small effusion, only mild articular cartilage loss otherwise no significant edematous or other cartilaginous abnormalities. Read by MD.

June 27, 2011: Ms. was examined by Dr., who noted that she had a positive McMurray's test laterally and medially. X-rays of the right knee revealed right

knee chondromalacia patella after knee sprain and early degenerative joint disease, right knee and chondral injury. He recommended an arthroscopic surgery with a follow up of Euflexxa injections.

July 1, 2011: M.D. performed an UR on the claimant. Rationale for Denial: "Based on the MRI findings, the claimant is basically just noted to have some degenerative changes in the knee. There is no specific meniscal tear identified. ROM of the knee is 0-120 degrees with some discomfort with full flexion. The claimant is noted to have crepitus with patellofemoral joint. Again, it is unclear if the claimant has had additional conservative treatment measures since she did improve initially following the injection, but the symptoms returned. It is unclear if anything additional has been tried such as a repeated injection. MRI findings do not document a meniscal tear. Therefore, the guidelines would not support proceeding with a meniscectomy."

July 19, 2011: M.D. performed an UR on the claimant. Rationale for Denial: "The clinician does not provide adequate documentation of exhaustion of lower levels of care including the amount of physical therapy to date, evidence of locking, clicking or popping, give way is also not documented in the most recent physical examination. Imaging is not consistent with a meniscal tear on MRI as is required by ODG."

PATIENT CLINICAL HISTORY:

The claimant is a female.

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

The previous decisions are upheld. The claimant has not undergone adequate conservative care per the medical records provided (i.e. PT). There is no documentation of swelling, locking, clicking, or popping of the knee. Furthermore, the MRI of the knee did not reveal a meniscus tear. Since the claimant's condition does not meet the ODG Criteria for surgical intervention the previous decisions are upheld.

ODG

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.

([Washington, 2003](#))

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)**