
Notice of Independent Review Decision

July 18, 2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Arthroscopy of the left knee

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

Board Certified Orthopedic Surgeon

REVIEW OUTCOME:

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

Overturned (Disagree)

Medical documentation **supports** the medical necessity of the health care services in dispute.

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

- Office visits (04/05/12 – 04/17/12)

Dr.:

- Therapy evaluation (04/16/12)
- Office visits (04/25/12 – 05/16/12)
- Diagnostics (04/05/12 – 05/12/12)

Company:

- Office visits (04/25/12 – 05/16/12)
- Diagnostic (05/12/12)
- Utilization reviews (05/25/12 – 06/08/12)

TDI:

- Utilization reviews (05/25/12 – 06/08/12)

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female was walking in the rain on xx/xx/xx. She slipped and fell and injured her left knee.

On April 5, 2012, the patient was evaluated at Hospital emergency department (ED) for left knee pain. Review of systems was positive for morbid obesity. She underwent x-rays of the left knee which were unremarkable. The evaluator diagnosed sprained left knee and recommended continuing medications, rest and no exercises.

On April 16, 2012, the patient underwent physical therapy (PT) evaluation. The evaluator noted that the patient was having trouble walking. She was using a knee immobilizer. Examination revealed pain on the left medial knee, left knee immobilizer in wrong position causing abnormal gait, minimal edema and decreased range of motion (ROM). The patient was tearful during ROM and palpation. The evaluator diagnosed left knee pain, stiffness, weakness and abnormal gait. He opined that the obesity was a barrier in treatment and recommended awaiting orthopedic referral and PT recommendations before determining plan of care and goals.

On April 17, 2012, the patient was evaluated at Hospital by Dr. for ongoing pain in the left knee. The patient was referred to an orthopedic surgeon.

On April 25, 2012, M.D., an orthopedic surgeon, evaluated the patient for left knee complaints. She reported that she was unable to wear the knee immobilizer because it was slipping down. Examination revealed tenderness over the medial joint line, painful McMurray's and pain with valgus stressing. Her knee was too painful and large to do a good pivot shift or Lachman. Dr. diagnosed sprain of the medial collateral ligament (MCL) of the left knee with possible meniscal or anterior cruciate ligament (ACL) injury. He ordered magnetic resonance imaging (MRI) of the left knee and advised using a walker or crutch for ambulation if she had pain with weightbearing.

In May, MRI of the left knee revealed mild chondromalacia involving the articular cartilage of the medial joint compartment; intermediate signal intensity distal femur and proximal tibia which might be seen as an incidental finding in females with large body habitus or possibly a result of anemia or marrow replacement disorder, intrameniscal degeneration posterior horn of the medial meniscus and small linear radial tear involving posterior horn of the lateral meniscus.

On follow-up, Dr. noted exquisitely tender lateral joint. He reviewed the MRI and ordered arthroscopic surgery.

Per utilization review dated May 25, 2012, the request for left knee arthroscopy was denied with the following rationale: *"Attempts at peer to peer discussion were unsuccessful. ODG criteria for meniscectomy include conservative care. However, the patient has not had attempts at conservative care beyond a knee immobilizer which the patient could not use. Based on the records reviewed, recommended non-certification."*

Per reconsideration review dated June 8, 2012, the appeal for left knee arthroscopy was denied with the following rationale *"Attempts at peer to peer discussion were unsuccessful. Official Disability Guidelines knee & leg chapter outline indications for meniscectomy surgery. Conservative care should include physical therapy or medication or activity modification. As noted above, the claimant has had no physical therapy or medication. Subjectively, there should be joint pain or swelling or a feeling of giving way or locking, clicking, or popping."*

The claimant had no mechanical symptoms reported. Objective findings should include a positive McMurray's sign or joint line tenderness or effusion or limited range of motion or locking, clicking, popping, or crepitus. In the claimant's case, on one exam, she had medial joint line tenderness and then on another exam lateral joint line tenderness. Reference to a McMurray's test on April 25, 2012, did not include the side that the test was positive on. Additionally, the examination showed no evidence of crepitus, effusion, popping or clicking, or any mechanical evidence that the minor findings with respect to the posterior horn of the lateral meniscus actually represented surgical pathology or the actual source of the symptoms. Finally, the MRI should show evidence of a meniscal scar, which has been described above in the MRI as a small linear radial tear of the posterior horn of the lateral meniscus. Taking the aforementioned factors of the claimant's case into consideration with no documentation of physical therapy, medication, or no documentation of mechanical symptoms and a physical examination revealing no convincing evidence of a mechanical impairment with respect to the lateral meniscus and very minimal findings on the MRI with respect to the posterior horn of the lateral meniscus which does not appear convincing for surgical pathology, specifically given the fact that the claimant has had no appropriate conservative management, the request on reconsideration for left knee arthroscopy cannot be considered medically necessary."

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

The requested arthroscopy of the left knee would appear reasonable.

The claimant reportedly has lateral joint line pain and a positive McMurray's test. The claimant has corresponding radial tear to the lateral meniscus by MRI. The claimant has failed treatment with medication, physical therapy, and modified activity. It has been three and one-half months since the claimant's report of injury date. The next step in treatment would generally be an arthroscopic evaluation and treatment of the meniscal pathology when patients have corresponding symptoms and examination findings and fail conservative care.

IRO REVIEWER REPORT TEMPLATE -WC

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

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES