

MAXIMUS Federal Services, Inc.
4000 IH 35 South, (8th Floor) 850Q
Austin, TX 78704
Tel: 512-800-3515 ♦ Fax: 1-877-380-6702

Notice of Independent Medical Review Decision

Reviewer's Report

DATE OF REVIEW: May 23, 2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Left knee arthroscopy with possible medial meniscectomy.

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

M.D., Board Certified in Orthopedic Surgery.

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 requested left knee arthroscopy with possible medial meniscectomy is not medically necessary for treatment of the patient's medical condition.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Request for a Review by an Independent Review Organization dated 5/02/12.
2. Confirmation of Receipt of a Request for a Review by an Independent Review Organization (IRO) dated 5/02/12.
3. Notice of Assignment of Independent Review Organization dated 5/03/12.

4. Denial documentation.
5. Medical records from dated 3/07/12, 3/16/12, 3/22/12, 3/27/12, 4/04/12, and 4/18/12.
6. MRI of the left knee dated 3/13/12.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female who injured her left knee on xx/xx/xx. She reported that she bent over and then stood up, and her knee popped several times. The patient reported that the pain was located anteriorly. On 3/13/12, MRI of the left knee showed a mild joint effusion and Baker's cyst. A mild loculated ganglion cyst was seen posteriorly in the knee joint. The MRI report noted mild changes of chondromalacia patella. There was myxoid degeneration in the posterior horn of the medial meniscus, with mild fraying and irregularity on the undersurface of the posterior horn of the medial meniscus. On 3/16/12, the patient reported that her pain and swelling had decreased slightly, and she reported calf pain. On this date, motor and sensory functions were intact. On 3/27/12, she continued to have posterior pain, but no swelling. Physical examination noted that the patient walked with a normal gait, without ambulatory aids. There was no swelling of the knee. On 4/18/12, this patient reported continued left knee pain. She noted that her knee pops out of place when kneeling down, and she has soreness on the lateral side of the knee after this occurs. On exam, she had full, active flexion and extension. Lachman's test was negative. There was no laxity to valgus or varus stress. She had full sensation and motor strength in the left lower extremity. The patient's provider has recommended left knee arthroscopy with possible medial meniscectomy.

The URA indicated that the patient did not meet Official Disability Guidelines (ODG) criteria for the requested procedure. Specifically, the URA's initial denial stated that applicable clinical practice guidelines recommend arthroscopic treatment for knees that are symptomatic due primarily to a mechanically disrupted internal derangement, such as a bucket handle or displaced meniscus tear. The URA noted that the patient's MRI showed some degenerative changes in the meniscus, without a bucket handle or displaced meniscus tear or similar tear or other mechanically disruptive internal derangement. The URA reported that the patient recently started on a physical rehabilitative program which may significantly improve her symptoms and prevent the need for surgery. On appeal, the URA indicated that the patient's response to physical therapy is unknown. Therefore, per the URA, the requested procedure is not medically necessary.

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

ODG guidelines do not support the requested procedure in this clinical setting. Current clinical guidelines recommend arthroscopic treatment for knees that are symptomatic due primarily to a mechanically disrupted internal derangement, such as a bucket handle or displaced meniscus tear. In this patient's case, an MRI showed degenerative changes in the meniscus, without a bucket handle or displaced or similar tear or other mechanically disruptive internal derangement. There was myxoid degeneration in the posterior horn of the medial meniscus, with mild fraying and irregularity. Additionally, the documentation indicated that the patient had recently started rehabilitative exercises. She is noted to be improving with both strength and range of motion

with therapy. At this time, there is lack of objective evidence demonstrating the medical necessity of the requested procedure. All told, the requested left knee arthroscopy with possible medial meniscectomy is not medically necessary for the treatment of this patient.

Therefore, I have determined the requested procedure, left knee arthroscopy with possible medial meniscectomy, is not medically necessary for treatment of the patient's medical condition.

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 JUDGMENT, 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)