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Notice of Independent Review Decision

**Date notice sent to all parties:** 12/03/13

**IRO CASE #:**

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

Right knee arthroscopic medial meniscus repair versus excision

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

Board Certified in Orthopedic Surgery  
Diplomate of the American Board of Orthopedic Surgery  
Fellow of the American Academy of Orthopedic Surgeons  
Fellow of the American Association of Orthopedic Surgeons

**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 medical necessity exists for each of the health care services in dispute.

Right knee arthroscopic medial meniscus repair versus excision - Upheld

**INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

Reports dated 08/07/13 and 08/22/13  
DWC-73 forms dated 08/07/13,  
Faxes dated 08/08/13 and 08/22/13

MRI of the right knee dated 08/20/13  
Reports dated 09/06/13 and 10/21/13  
Faxes dated 09/06/13 and 10/21/13  
Therapy orders dated 09/06/13  
Therapy notes dated 10/11/13 and 10/17/13  
Request for payment of DOS 10/17/13  
Physical therapy progress report dated 10/18/13  
Request for surgery dated 10/21/13  
Notifications of Adverse Determinations dated 10/24/13 and 11/13/13  
Telephone message dated 11/12/13  
The carrier/URA provided the Official Disability Guidelines (ODG) Treatment Guidelines for the Knee & Leg

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

examined the patient on 08/07/13. He twisted his right knee on xx/xx/xx. It was noted he did not follow-up as directed despite the fact that his pain did not resolve. He had popping, stiffness, swelling, and tingling in the knee. He was six feet two inches tall and weighed 280 pounds. He had localized swelling to the right knee that was tender to palpation. He had painful range of motion. He was diagnosed with a knee sprain/strain and Aleve and an MRI were recommended. A right knee MRI on 08/20/13 revealed an intrasubstance tear and/or degeneration noted in the posterior horn of the medial meniscus. Otherwise, it was unremarkable. The patient returned on 08/22/13. He was in a knee immobilizer and a full examination was not done. Norco was continued. examined the patient on 09/06/13. He was a current everyday smoker. He had mild swelling in the right knee without ecchymosis. He had medial joint line tenderness and McMurray's was positive medially and laterally. Range of motion was painful. Flexion was 130 degrees and extension was 0 degrees. Strength was 4/5. The MRI was reviewed and right knee arthroscopy was recommended for the medial meniscal tear. Therapy was recommended for a total of 12 sessions. The patient attended therapy on 10/11/13 and 10/17/13. On 10/18/13, the therapist noted the patient had received limited progress with therapy and he was to consult the following week. On 10/21/13, reexamined the patient. He noted therapy made his pain worse, though his range of motion and strength had improved. He was told not to wear his brace by the therapist, although it did relieve some of his pain. His examination was essentially unchanged, except for flexion which was now 100 degrees. Right knee arthroscopy was again recommended, as he had failed therapy and other non-surgical treatment. Motrin was prescribed and a right knee arthroscopic medial meniscal repair versus excision was requested. On 10/24/13 an orthopedic surgeon, provided an adverse determination letter for the requested right knee surgery. On 11/12/13 spoke by phone and noted they were hesitant to proceed with arthroscopic meniscectomy since the MRI was ambiguous. It was noted he was unable to work due to his pain and it was felt diagnostic arthroscopy was appropriate. On 11/13/13, also an orthopedic surgeon, provided another adverse determination

letter for the requested right knee arthroscopic medial meniscus repair versus excision.

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

The patient is a male who reportedly sustained an injury to his right knee on xx/xx/xx. The described mechanism of his injury was he twisted his right knee. His history was significant for another right knee injury. An MRI performed on 08/20/13 demonstrated intrasubstance degeneration of the posterior horn of the medial meniscus. It did not show a complete tear with extension to either the superior or inferior articular surfaces. The patient has demonstrated minimal swelling and range of motion on 09/06/13 was documented at 0 to 130 degrees. It was also reported that plain x-rays demonstrated arthritis, but this was not quantified. The patient completed seven of twelve sessions of physical therapy based on the documentation reviewed with improvement documented in strength and range of motion, but he self reported no improvement with physical therapy. denied the request on initial review. His denial was upheld on reconsideration/appeal. Both reviewers attempted a peer to peer being successful and cited the evidence based ODG as the basis of their opinions.

The ODG criteria (updated on 11/23/13) for a diagnostic arthroscopy includes the following: 1) Conservative Care: Medications or physical therapy; PLUS, 2) Subjective Clinical findings: To include pain and functional limitations continued despite conservative care; PLUS, 3) Imaging is inconclusive (Washington 2007) and (Lee 2004). The arthroscopic surgery for osteoarthritis is not recommended. Arthroscopic lavage and debridement in patients with osteoarthritis of the knee is no better than placebo surgery and arthroscopic surgery provides no additional benefit compared to optimized physical and medical therapy (Kirkley 2008). In the meniscal tear in osteoarthritis research (MeTeOr trial) there were similar outcomes with physical therapy versus surgery (Katz 2013). In this randomized clinical trial, arthroscopic surgery was not superior to supervised exercise alone after non-traumatic degenerative medial meniscal tears in older patients (Herrlin 2007). In addition, the ODG indications for meniscectomy include the suggestion that two symptoms and two signs to avoid scopes with lower yield; for example, pain without other symptoms, posterior joint line tenderness that could just signify arthritis, or an MRI with degenerative tear that is often false positive. Physiologically, younger and more active patients with traumatic injuries and mechanical symptoms (locking, blocking catching, etc.) should undergo arthroscopy without physical therapy. The criteria for a meniscectomy include: 1) Conservative Care: To include exercise/physical therapy (supervised physical therapy and/or home rehabilitation exercises if compliance is adequate) and medication or activity modification e.g. crutches and/or an immobilizer. PLUS 2) Subjective Clinical Findings (at least two): Joint pain or swelling or feeling of giving 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: To include a meniscal tear on MRI. The ODG criteria have not been met based on the objective information provided for my review. A meniscal tear has not been demonstrated. The patient is overweight (BMI equal to approximately 36) male with arthritic changes reported on MRI. Unfortunately, the severity of arthritis was not quantified. Arthroscopy in the setting of an arthritic knee is not recommended as noted above. The patient appears to have now failed an adequate trial of conservative treatment. Range of motion and strength were reported to be improving, but the patient self reported no improvement with therapy. Both the ODG and Medical Disability Adviser (MDA) recommend addressing of non-physical factors (psychosocial, workplace, socioeconomic) in cases of delayed recovery or return to work. The patient was reported not to have returned to work despite a paucity of objective physical deficits. Therefore, the requested right knee arthroscopic medial meniscus repair versus excision is not medically necessary, reasonable, or supported by the evidence based ODG and the previous adverse determinations should be upheld at this time.

**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)

Medical Disability Adviser (MDA)