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Notice of Independent Review Decision

**[Date notice sent to all parties]:**

**10/09/2013**

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:** outpatient surgery- left medial menisectomy to include CPT code 29881

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

Board Certified Orthopedic Surgery

**REVIEW OUTCOME:**

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

Overturned (Disagree)

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:**

Emergency room report 02/16/13  
Radiographs left knee 04/16/13  
Clinical record 04/22/13-08/12/13  
MRI left knee 04/26/13  
Radiographs left knee 05/01/13  
Radiographs left knee 05/29/13  
Radiographs left knee 06/26/13  
Prior reviews

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a female who sustained an injury on xx/xx/xx when she slipped and fell twisting her left knee. The patient was initially evaluated on 04/22/13 with ongoing complaints of left knee pain while climbing stairs or squatting. There was tenderness to palpation medially with loss of left knee range of motion. Physical examination demonstrated positive McMurray and Apley signs. Radiographs were negative for fractures. MRI of the left knee on 04/26/13 showed intrasubstance degeneration within the posterior horn of the medial meniscus with a very thin amount of inferior articular surface extension consistent with a tear. There was mild intrasubstance degeneration in the remainder of the medial meniscus. There was a minimally displaced tibial plateau fracture identified. The patient had further radiographs of the left knee showing degeneration of the medial compartment. The patient was recommended to be in a non-weight bearing status secondary to the tibial plateau fracture. Surgical intervention for the meniscal tear was recommended but delayed due to healing of the tibial plateau. The patient was seen on 06/26/13 and reported resolution of pain secondary to left tibial plateau fracture. The patient continued to have positive McMurray and Apley signs on physical examination. The patient was recommended for a left medial meniscectomy. The requested left medial meniscectomy was denied by utilization review. Per the utilization review reports the patient had not completed a reasonable course of conservative treatment as recommended by guidelines. There was an appeal letter dated 08/12/13 which was also a clinical evaluation. The patient continued to report pain in the left knee with sensations of instability and buckling. Physical examination continued to show loss of range of motion in the left knee with positive Apley and McMurray signs. The patient was recommended again for a meniscectomy for the left knee.

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

The patient sustained a twisting injury to the left knee. The patient subsequently developed positive McMurray and Apley findings. Imaging studies showed extensive degeneration of the posterior horn of the medial meniscus with extension of a tear to the articulating surface. The patient also sustained a tibial plateau fracture and was recommended to hold any surgical considerations for the left medial meniscus while the tibial plateau fracture healed. Unfortunately due to the tibial plateau fracture the patient would have been unable to attend any physical therapy. Given that the patient continues to have positive findings for symptomatic meniscal tear at this time it is the opinion of this reviewer that the proposed left medial meniscectomy is medically necessary. This patient is a clear outlier to current evidence based guidelines which recommend conservative treatment for symptomatic meniscal tears. As the patient had a tibial plateau fracture which required healing the patient was unable to participate in recommended physical therapy. Given that the patient is now symptom and given that the patient continues to be symptomatic this reviewer would recommend surgical intervention as requested. As such medical necessity is established at this time.

## IRO REVIEWER REPORT TEMPLATE -WC

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

**MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**

**ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**

Official Disability Guidelines, Online Version, Knee & Leg Chapter

#### **ODG Indications for Surgery**<sup>TM</sup> -- **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). Physiologically younger and more active patients with traumatic injuries and mechanical symptoms (locking, blocking, catching, etc.) should undergo arthroscopy without PT.

**1. Conservative Care:** (Not required for locked/blocked knee.) Exercise/Physical therapy (supervised PT and/or home rehab exercises, if compliance is adequate). AND

( Medication. OR Activity modification [eg, crutches and/or immobilizer].) 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 (order MRI only after above criteria are met). ([Washington, 2003](#))