

Becket Systems

An Independent Review Organization
815-A Brazos St #499
Austin, TX 78701
Phone: (512) 553-0360
Fax: (207) 470-1075
Email: manager@becketsystems.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Mar/19/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: right knee scope w/medial meniscectomy: 29881

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: M.D. Board Certified Orthopedic Surgeon

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 health care service in dispute. It is this reviewer's opinion that the requested right knee scope w/medial meniscectomy: 29881 is not supported as medically necessary

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines
MRI right knee dated 03/04/11
Clinical notes dated 06/19/12 – 08/21/12
Clinical note dated 09/06/12
Clinical note dated 09/12/12
Letter of medical necessity dated 10/02/12
Clinical notes dated 10/11/12 – 10/24/12
Prior reviews dated 09/13/12 and 09/27/12

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a female who sustained an injury on xxxxxx when she tripped and fell, landing on the right knee. MRI studies of the right knee completed on 03/04/11 revealed an abnormal signal within the posterior horn of the medial meniscus consistent with intrameniscal degeneration. The abnormal signal was horizontal in distribution with a questionable signal into the inferior articular surface, possibly indicating a subtle meniscal tear. The patient was seen on 06/19/12 and the initial review of the patient's history indicated that the patient's treatment was delayed due to compensability issues. The patient reported locking of the right knee, numbness, and significant weakness in the entire right lower extremity. No pertinent surgical history was noted. Physical examination revealed mild tenderness over the patellofemoral sulcus both medially and laterally in the right knee. The patient had difficulties with extension and range of motion was minimally restricted on flexion. Crepitus was present with passive range of motion. The patient was assessed with a medial meniscal tear and internal derangement of the right knee. The patient was placed on anti-inflammatories, muscle relaxers, and Tramadol. Electrodiagnostic studies were also recommended and the patient was referred for physical therapy. Follow-up on 07/10/12 indicated that the patient had GI upset due to the use of prescribed medications. Physical

examination revealed tenderness to palpation over the posterior medial joint line. Other findings were unchanged from prior evaluations. Nexium was added for the patient's gastritis. Follow-up on 07/24/12 stated that the patient initiated physical therapy on 07/23/12. The patient was also referred for an orthopedic evaluation. Follow-up on 08/21/12 indicated that the patient did not respond to physical therapy and continued to have right knee pain. Physical examination revealed mild tenderness over the medial joint line in the right knee with minimal restrictions in range of motion. The patient was evaluated on 09/06/12. The patient reported no significant improvement with physical therapy or use of anti-inflammatories. The patient's physical examination revealed full range of motion of the right knee with no evidence of instability.

No meniscal testing was identified and there was no joint line tenderness reported on physical examination. The patient was recommended for a medial or lateral meniscectomy at this visit. Follow-up on 10/11/12 stated that the patient continued to have right knee pain with aggravating factors including weightbearing and climbing stairs. Physical examination revealed an antalgic gait with no evidence of instability. Full range of motion was present; however, the patient did report pain with full flexion. No other pertinent findings were noted. The patient was recommended for an intraarticular steroid injection for the right knee at this visit. The recommended injection was performed on 10/18/12. Follow-up on 10/24/12 stated that the patient had no long-term response to corticosteroid injections. Physical examination revealed negative McMurray's signs.

The request for right knee medial meniscectomy was denied by utilization review on 09/13/12 as there was a negative McMurray's sign noted and no MRI studies were available for review.

The request was again denied by utilization review on 09/27/12 as there was no documentation regarding modalities for physical therapy. The MRI was reported to show limited findings and recent exams found no evidence of meniscal pathology as McMurray's sign was negative.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: From the MRI study performed in 03/11, there was no clear evidence of tearing within the posterior horn of the medial meniscus. The most pertinent finding was intrameniscal degeneration and there was no extensive articular surface tearing identified. From the patient's clinical reports, there is no clear evidence regarding a symptomatic meniscal tear. The most recent physical examinations provided for review from 10/24/12 identified a negative McMurray's sign. There was no clear evidence of positive joint line tenderness at the medial right knee. Also, from the clinical documentation provided for review, it appears that the patient is being treated more for symptomatic osteoarthritis of the right knee rather than a meniscal tear. The patient's exam findings are more consistent with osteoarthritis and the patient was provided corticosteroid injections which are recommended by Official Disability Guidelines for the treatment osteoarthritis. Given the lack of any updated evidence regarding a symptomatic meniscal tear, it is this reviewer's opinion that the requested right knee scope w/medial meniscectomy: 29881 is not supported as medically necessary and the prior denials are upheld.

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

ACOEM-AMERICA 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)