

# CASEREVIEW

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## Notice of Independent Review Decision

[Date notice sent to all parties]: July 22, 2013

### IRO CASE #:

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

Right knee arthroscopy, partial medial meniscectomy

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

This physician is a Board Certified Orthopedic Surgeon with over 40 years of experience.

### 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:

03/25/13: Handwritten Evaluation form  
03/25/13, 03/26/13, 03/29/13: Daily Treatment Notes  
04/02/13, 04/04/13, 04/09/13: Daily Treatment Notes  
04/04/13: Handwritten Evaluation form  
04/12/13, 04/15/13, 04/17/13: Daily Treatment Notes  
04/23/13: Handwritten Evaluation form  
04/26/13, 04/30/13, 05/01/13: Daily Treatment Notes  
05/01/13: MRI Right Knee  
05/03/13: Handwritten Evaluation form  
05/03/13, 05/06/13: Daily Treatment Notes  
05/08/13: Visit Note  
05/13/13, 05/15/13, 05/21/13: Daily Treatment Notes  
05/20/13: UR performed  
05/23/13, 05/28/13, 05/31/13: Daily Treatment Notes

06/05/13: Visit Note

06/14/13: UR performed

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The claimant is a female who was injured on xx/xx/xx after a slip and fall at work. She landed in the split position. Medication treatment included Norco, Flexeril, Hydrocodone, and Ibuprofen. She has undergone chiropractic therapy with included heat/ice, e-stimulation, ultrasound, Mass/MT, clinic exercises for the knee and home exercises.

On March 25, 2013, she presented with bilateral knee pain, right greater than left, left shoulder pain, left palmar tenderness and right neck pain following a slip and fall. On physical examination she was tender to palpation of both knees, more so to the medial aspect. Right knee was positive for swelling. Diagnosis: Bilateral knee contusion, right shoulder sprain/strain, cervical sprain/strain. Plan: She was prescribed Norco 10/325, Ibuprofen 600 mg, and Flexeril 10mg. X-rays were sent for review and she was scheduled for chiropractic therapy 3 times per week.

On April 4, 2013, she presented where she indicated she felt a little better. She continued to complain of pain and swelling in right knee. On physical exam, positive for effusion and swelling. Extension was 0 degrees and flexion 100 degrees.

On April 23, 2013, she presented where it was reported her last PT was on 4/4/13 and that she was not compliant with PT. She continued with right anterior knee pain along the joint line. On physical exam she had a right antalgic gait, moderate swelling of the right knee and joint line tenderness (medial and lateral). She was referred for a MRI of the right knee and continued chiropractic therapy.

On May 1, 2013, MRI Right Knee, Impression: 1. Truncation consistent with radial tear body medial meniscus, minimal remnant remaining. 2. Osteoarthritis and chondromalacia medial femorotibial compartment. Mild subchondral marrow edema medial aspect of medial tibial plateau. 3. 3mm chondral defect femoral trochlear groove. 4. Small joint effusion.

On May 3, 2013, she presented where it was reported she was compliant with chiropractic care and scheduled for an orthopedic consult. On examination there was tenderness of the medial joint line and positive McMurray's test.

On May 8, 2013, the claimant was evaluated for complaints of pain in the right knee. It was noted that she had not tried injections, bracing or antiinflammatories. She had continued to work. X-rays showed no acute abnormalities and moderate joint space narrowing. No physical examination was documented. Impression: Right tear medial meniscus. Plan: Recommended arthroscopic treatment.

On May 20, 2013, performed a UR. Rationale for Denial: Regarding right knee arthroscopy, partial medial meniscectomy, ODG criteria for meniscectomy include conservative care, at least two symptoms and exam findings consistent with

meniscal pathology, and a meniscal tear on MRI. However, a recent physical exam was not documented. There is no evidence of response to recent PT. MRI also demonstrates degenerative changes. Recommend non-certification.

On June 5, 2013, the claimant was re-evaluated for continued pain over the medial knee and intermittent swelling with no improvement following chiropractic therapy. On physical examination there was mild effusion, full AROM, medial joint line pain, positive medial McMurray's test and ligaments were stable. Plan: Continue Hydrocodone and Nabumetome for pain and proceed with knee scope.

On June 14, 2013, performed a UR. Rationale for Denial: The Official Disability Guidelines note prior to proceeding with surgical intervention conservative care in the form of exercise/physical therapy and medication or activity modification such as crutches and/or immobilizer should be utilized prior to proceeding with surgical intervention. The Official Disability Guidelines note arthroscopic surgery for osteoarthritis is not recommended. Currently there is no documentation suggesting the claimant is attending a formal course of exercises and/or physical therapy or bracing. The MRI and X-ray findings suggest osteoarthritis is a possible pain generator as opposed to meniscal pathology. Prior to proceeding with surgical intervention, it would be reasonable to attempt physical therapy/exercises, bracing and therapy. Official Disability Guidelines does not support the requested surgical intervention as medically necessary.

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

The previous adverse determinations are overturned. The Official Disability Guidelines recommends meniscectomy for symptomatic meniscal tears but is not recommend for osteoarthritis in the absence of meniscal findings. The Right Knee MRI on May 1, 2013, revealed truncation consistent with radial tear body medial meniscus, minimal remnant remaining. Therefore, the claimant does have MRI evidence of meniscal pathology. ODG recommends prior to surgery, patients undergo conservative care including home exercise/exercise/physical therapy, medication or activity modification. Medications were documented in the records as Norco, Flexeril, Hydrocodone, and Ibuprofen. The medical records provided for review documented she underwent 6 sessions of chiropractic therapy at the end of March and beginning of April. She underwent 6 more session beginning at the end of April through May that were more directed to the knee and included heat/ice, e-stimulation, ultrasound, Mass/MT, clinic exercises for the knee and home exercises. Therefore, conservative treatment was documented and it was also reported that there was no improvement following this treatment. It is also documented within the records that the claimant had subjective complaints of joint pain and swelling. evaluated the claimant on June 5, 2013 and documented objective clinical findings of joint effusion, medial joint line pain and positive McMurray's. On May 3, 2013, the claimant was evaluated at the Health Center where it was also documented on physical examination that the claimant had tenderness of the medial joint line and positive McMurray's. Therefore, based on the documentation provided for review, the request for right knee arthroscopy, partial medial meniscectomy does meet ODG criteria and is approved.

PER ODG:

**ODG Indications for Surgery™ -- 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](#))

For average hospital LOS if criteria are met, see [Hospital length of stay](#) (LOS).

Arthroscopy	Definition: An arthroscope is a tool like a camera that allows the physician to see the inside of a joint, and the surgeon is sometimes able to perform surgery through an arthroscope, which makes recovery faster and easier. For the Knee, See <a href="#">Arthroscopic surgery for osteoarthritis</a> ; <a href="#">Meniscectomy</a> ; & <a href="#">Diagnostic arthroscopy</a> .
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**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)**