

Health Decisions, Inc.

506 Winchester Dr.

Celina, TX 75009

P 972-800-0641

F 888-349-9735

Notice of Independent Review Decision

[Date notice sent to all parties]: July 1, 2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Right Knee Arthroscopy with Partial Meniscectomy, Possible Chondroplasty

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

The Reviewer 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:

Upheld (Agree)

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:

01-23-13: Follow Up Evaluation
01-24-13: Consultation
01-31-13: X-ray Knee Right 2V
02-04-13: Follow Up Evaluation
02-04-13: Daily Progress Note
02-05-13: Pain Management Consultation
02-07-13: Daily Progress Note
02-08-13: Daily Progress Note
02-13-13: Daily Progress Note
02-14-13: Follow Up Evaluation
02-28-13: Upper Extremity Electrodiagnostic Examination
03-05-13: Follow-up Evaluation
03-08-13: Follow-up Evaluation
03-13-13: Knee Right MRI
03-18-13: Follow Up Evaluation
03-26-13: MRI Left Wrist

04-01-13: Follow-up Evaluation
04-01-13: Follow Up Evaluation
04-08-13: Follow Up Evaluation
04-09-13: UR performed
04-11-13: Daily Progress Note
04-16-13: Daily Progress Note
04-17-13: Daily Progress Note
04-23-13: Follow Up Evaluation
04-24-13: UR performed
04-24-13: Follow-up Evaluation
04-26-13: Follow-up Evaluation
05-15-13: Follow-up Evaluation
06-05-13: Follow-up Evaluation
06-18-13: Follow-up Evaluation

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male who sustained multiple injuries on xx/xx/xx while working and got dizzy and fell backwards. It was reported he underwent multiple surgeries and treatment with activity modification, NSAID's, bracing and therapy. Surgical History included: Left knee arthroscopy 1994, Right knee arthroscopy 11/13/03, Right Tennis Elbow arthroscopic release 07/31/12, Right Carpal Tunnel surgery 2011, Right shoulder arthroscopy 2011, Left shoulder arthroscopy 2011, and Right distal radius ORIF, right CTR 2011.

January 31, 2013, X-ray of the Right Knee, Impression: 1. Minimal three compartment osteoarthritis change.

February 4, 2013, in a follow-up evaluation it was noted the claimant's VAS score for the right knee pain was 7/10. On examination of the right knee, ROM was mildly reduced in flexion to 115 and painful in all planes of motion. Negative Valgus/Varus instability, Negative Lachman, Negative anterior/posterior drawer, Positive Apley's Patellar Compression, and Positive crepitus. Tenderness to palpation along medial joint lines and popliteal region. Assessment: 1. Right Comminuted intra-articular impact fracture of Distal Radial and Ulnar Styloid, status: post – ORIF. 2. Right Elbow RCL and common extensor tendon tear status: post right tennis elbow arthroscopic release. 3. Bilateral shoulder RCT. 4. Left shoulder dislocation-closed anterior dislocation of left humerus. 5. Cervical sprain/strain. 6. Lumbar sprain/strain. 7. Carpal Tunnel Syndrome, status: post right CT release. 8. Cervical Disc Displacement. 9. Lumbar Disc Displacement. 10. Post-concussion syndrome. 11. Right knee sprain/strain. 12. Left upper neuropathy per orthopedist suspects Carpal Tunnel Syndrome pending EMG/NCV. Plan regarding only the right knee: Complete authorized 6 PMR sessions focused on right knee, cervical and lumbar complaints.

February 14, 2013, in a follow-up evaluation recommended referral for right knee MRI due to continued complaints of pain and delayed response to PMR.

March 13, 2013, MRI Right Knee, Impression: 1. Diminutive body of the medial meniscus with tear of the undersurface in the body and posterior horn. 2. Small joint effusion. 3. Findings of abnormal patellar mechanics with moderate chondromalacia patellae.

April 1, 2013, in a follow-up evaluation, right knee pain was added as a complaint to the list of neck, back and upper extremity complaints that had been previously treating. On examination, positive for antalgic gait, negative valgus/varus deformity, positive effusion, negative temperature change, negative crepitates at the patellofemoral joint, positive patellar grinding test, positive tenderness at medial joint line, positive McMurray's test, negative valgus/varus stress test, negative Lachman's test, negative anterior drawer test, negative posterior drawer test, negative hyperextension recurvatum test. Right knee medial meniscus tear-symptomatic, resistant to conservative treatment was added assessment. Plan: Right knee arthroscopy with partial meniscectomy, possible Chondroplasty.

April 9, 2013, performed a UR. Rationale for Denial: There is no documentation of attempt at conservative care with PT, injection. There was prior right knee surgery. There is MRI showing possible meniscus tear. There are requests for multiple different procedures for different areas. There is no documentation of response to conservative care. Therefore, the request is not medically necessary per evidence based guidelines.

April 23, 2013, in a follow-up evaluation, it was noted the claimant reported increased right knee pain rated 9/10 and associated with "giving out". On exam right knee ROM was mildly reduced in flexion to 110 and painful in all planes of motion. Negative Valgus/Varus instability but painful. Negative Lachman but painful. Negative Anterior/Posterior Drawer. Positive crepitus. Positive Patellar compression. Tenderness to palpation along the medial joint lines and popliteal region.

April 24, 2013, performed a UR. Rationale for Denial: After the case discussion, office manager who is still unclear as the patient had received appropriate conservative treatment which the prior appeal review noted was a concern when recommending non certification of the requested arthroscopic partial meniscectomy and possible Chondroplasty of the right knee. As ODG indicates conservative treatment is indicated prior to considering surgical intervention and the current medical records not adequately documenting the patient having appropriate conservative treatment the recommendation is non certification of the Right knee arthroscopy with partial meniscectomy and possible chondroplasty.

June 5, 2013, in follow-up evaluation current medications were documented as Valium 5 mg, Voltaren 1% Gel, notes (Tramadol, Ibuprofen, and Clonazepam). On physical exam, positive for antalgic gait, negative valgus/varus deformity, negative effusion, negative temperature change, negative crepitates at the patellofemoral joint, positive patellar grinding test, positive tenderness at medial joint line, positive McMurray's test, negative valgus/varus stress test, negative Lachman's test, negative anterior drawer test, negative posterior drawer test,

negative hyperextension recurvatum test. Assessment/Plan: Right medial meniscus tear-very symptomatic, will inject steroids today. Procedure Note: Right knee was prepped in a normal sterile fashion. 0.5% Marcaine 4 ml mixed with a 40mg-1ml Kenolog was injected into the knee joint, under fluoroscopic guidance.

June 18, 2013, in follow-up evaluation it was noted the claimant reported some improvement after the recent right knee steroid injection. Still had complaints of pain and limited function, more pain with activities of daily living. On physical exam, positive for antalgic gait, negative valgus/varus deformity, negative effusion, negative temperature change, negative crepitates at the patellofemoral joint, positive patellar grinding test, positive tenderness at medial joint line, positive McMurray's test, negative valgus/varus stress test, negative Lachman's test, negative anterior drawer test, negative posterior drawer test, negative hyperextension recurvatum test. Assessment/Plan: Right medial meniscus tear-still symptomatic, will inject steroids today. Procedure Note: Right knee was prepped in a normal sterile fashion. 0.5% Marcaine 4 ml mixed with a 40mg-1ml Kenolog was injected into the knee joint, under fluoroscopic guidance.

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

The previous adverse determinations are upheld. Although the claimant's subjective and clinical findings meet many of ODG criteria, and the MRI performed on March 13, 2013 demonstrated diminutive body of the medial meniscus with tear of the undersurface in the body and posterior horn, small joint effusion and findings of abnormal patellar mechanics with moderate chondromalacia patellae, the medical records provided do not adequately document whether the claimant underwent physical therapy focused on the right knee or the outcome of such therapy. Therefore, the request for Right Knee Arthroscopy with Partial Meniscectomy, Possible Chondroplasty does not meet ODG guidelines and would be non-certified at this time.

PER ODG:

ODG Indications for Surgery™ -- Diagnostic arthroscopy:

Criteria for diagnostic arthroscopy:

- 1. Conservative Care:** Medications. OR Physical therapy. PLUS
- 2. Subjective Clinical Findings:** Pain and functional limitations continue despite conservative care. PLUS
- 3. Imaging Clinical Findings:** Imaging is inconclusive.

([Washington, 2003](#)) ([Lee, 2004](#))

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

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).

ODG Indications for Surgery™ -- Chondroplasty:

Criteria for chondroplasty (shaving or debridement of an articular surface), requiring ALL of the following:

1. Conservative Care: Medication. OR Physical therapy. PLUS

2. Subjective Clinical Findings: Joint pain. AND Swelling. PLUS

3. Objective Clinical Findings: Effusion. OR Crepitus. OR Limited range of motion. PLUS

4. Imaging Clinical Findings: Chondral defect on MRI
([Washington, 2003](#)) ([Hunt, 2002](#)) ([Janecki, 1998](#))

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

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)**