

Health Decisions, Inc.

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Notice of Independent Review Decision

[Date notice sent to all parties]: July 2, 2013 & July 3, 2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Right Knee Scope, ACL Reconstruction with Allograft Excision Torn Meniscus

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:

02-18-13: Evaluation

03-04-13: MRI Right Knee without Contrast

03-11-13: Evaluation

03-27-13: Evaluation

04-24-13: UR performed

05-06-13: Letter

05-14-13: UR performed

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male who was injured on xx/xx/xx when he stepped down and had a twisting type injury to his right knee. His foot was planted and he twisted on his knee. There was a crunching, tearing, snapping sound with immediate pain and tenderness in the medial aspect of his knee joint. Past surgical history is positive for right knee surgery in 2006 which completely resolved his symptomatology.

The claimant was evaluated for right knee pain. On physical examination his gait pattern was altered secondary to pain and tenderness in his right knee. No numbness and tingling down his legs was noted. He lacked terminal extension of his knee joint with tenderness along the medial joint line and positive McMurray's was noted. He had a strain pattern of the medial collateral ligament with tenderness on valgus stressing. Varus and valgus testing was 0-1/0-1. Anterior and posterior drawers appear to be negative. X-rays were obtained and showed no evidence of fracture or dislocation. Diagnosis: Twisting type injury of the right knee joint with a strain of the medial collateral ligament and probable tear of the medial meniscus. He has evidence of a locked knee with limited range of motion, pain and tenderness, alteration in his gait pattern. Recommendations: Physical Therapy, MRI of the right knee, continue medication for his back, and sedentary work status.

March 4, 2013, MRI Right Knee, Impression: 1. Findings of prior medial meniscus debridement, but no medial meniscus re-tear, though there is mild medial meniscus extrusion. 2. Marked mucoid degeneration of the anterior cruciate ligament with synovitis and fluid extending into the proximal tibia. 3. Low-grade patellofemoral chondrosis. 4. Small right knee effusion. 5. Mild peritendinitis about the proximal patellar tendon. ADDENDUM: This study was re-reviewed in conjunction with the managing surgeon. For the ACL, the degree of advanced mucoid degeneration at MRI is compatible with a chronically insufficient ligament. While there are no active pivot shift osseous contusions, this degeneration of the ACL is essentially a chronic tear. At the medial meniscus, there are findings of prior medial meniscus debridement and there is medial meniscus extrusion. There is also an undersurface defect at the junction posterior horn and posterior root (best seen on sagittal series 6, image 6) indicating a medial meniscus re-tear.

March 11, 2013, the claimant was re-evaluated who reported the claimant was in therapy for modalities to decrease pain, tenderness, spasm, increase flexibility, range of motion, strength and power. On physical exam he still had limited range of motion and alteration of his gait pattern. Some synovitis and swelling was noted. Could not really check him for stability, range or other findings because of the limited range of motion, pain and tenderness, swelling and discomfort in the knee joint. Diagnosis: Probable internal derangement of the right knee joint with a tear of the anterior cruciate and tear of the medial meniscus. Recommendations: Continue therapy and medication.

March 27, 2013, the claimant was re-evaluated who did not report a physical examination. reported the claimant had failed conservative treatment and recommended examination of the knee under anesthesia with diagnostic arthroscopy, excision and repair of the meniscal lesion, debridement of the knee joint, ACL reconstruction of the knee joint and/or indicated procedure.

April 24, 2013, performed a UR. Rationale for Denial: Clinical Documentation submitted for review notes the patient complaining of right knee pain. Official Disability Guidelines recommend ACL repair provided that the patient meets specific criteria, including imaging studies confirming ACL disruption as well as

completion of conservative measures. The submitted MRI reveals mucoid degeneration of the ACL; however, no disruption/tear was noted. Additionally, there is a lack of information regarding completion of all conservative measure including completion of a full course of physical therapy or ongoing use of a brace. Given that no information was submitted regarding confirmation of an ACL disruption by imaging studies or completion of all conservative measures addressing right knee complaints, this request does not meet guideline recommendations.

May 6, 2013, wrote a letter in which he indicated the claimant had undergone a therapy program (amount of sessions not specified) and that the physical therapist had suggested in the report that the claimant had completed a therapy program, has not improved and had continued mechanical symptoms of buckling, locking, and give way of his knee joint. He continued to be on crutches and had indicated in the report that the claimant would not benefit from any continued therapy until he had a surgical solution in relation to his knee. stated that the patient had failed to resolve his symptomatology in a conservative type fashion and continued to have limitations of range of motion, pain and tenderness in the knee joint and had not been able to return to gainful activities and other activities with persisting symptomatology. As such, in relation to the rereading of the MRI, his symptomatology and failure to resolve his symptomatology with medication, modification of activities, time, and physical therapy, had recommended examination of the knee under anesthesia, diagnostic arthroscopy with excision of the meniscal lesion, ACL reconstruction and /or indicated procedure.

May 14, 2013, performed a UR. Rationale for Denial: Based on the submitted clinical documentation and current evidence based guidelines, the requested ACL reconstruction and meniscectomy would not be supported as medically necessary. The patient has not improved with conservative treatment including anti-inflammatories or physical therapy. Although the MRI addendum submitted for review demonstrated a complex tear involving the posterior horn of the medial meniscus and interstitial tear of the anterior cruciate ligament, there are no updated physical examination findings provided for review demonstrating positive McMurray signs or evidence of instability on anterior drawer or posterior drawer stressing. Without additional information regarding physical examination findings, medical necessity would not be established at this time.

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

The previous adverse determinations are upheld. The medical records provided for review did not document any recent physical evaluations of the right knee. The last evaluation was 3 ½ months ago on March 11, 2013 where described limited range of motion and alteration of his gait pattern, and some synovitis and swelling was noted. further stated he could not really check the claimant for stability or other findings because of the limited range of motion, pain and tenderness, swelling and discomfort in the knee joint. Without a recent and thorough physical exam, it is unclear if the ODG criteria for subjective and objective clinical findings are met. Therefore, the request for

Right Knee Scope, ACL Reconstruction with Allograft Excision Torn Meniscus is 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™ -- Anterior cruciate ligament (ACL) reconstruction:

- 1. Conservative Care:** (This step not required for acute injury with hemarthrosis.) Physical therapy. OR Brace. PLUS
- 2. Subjective Clinical Findings:** Pain alone is not an indication for surgery. Instability of the knee, described as "buckling or give way". OR Significant effusion at the time of injury. OR Description of injury indicates rotary twisting or hyperextension incident. PLUS
- 3. Objective Clinical Findings (in order of preference):** Positive [Lachman's sign](#). OR Positive [pivot shift](#). OR (*optional*) Positive [KT 1000](#) (>3-5 mm = +1, >5-7 mm = + 2, >7 mm = +3). PLUS
- 4. Imaging Clinical Findings:** (Not required if acute effusion, hemarthrosis, and instability; or documented history of effusion, hemarthrosis, and instability.) Required for ACL disruption on: Magnetic resonance imaging (MRI). OR Arthroscopy OR Arthrogram.

([Washington, 2003](#)) ([Woo, 2000](#)) ([Shelbourne, 2000](#)) ([Millett, 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).

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)**