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## Notice of Independent Review Decision

**DATE OF REVIEW:** 10/17/2013

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

The item in dispute is the prospective medical necessity of O/P left knee, arthroscopy, chondroplasty, loose body removal, and possible meniscal debrid.

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

The reviewer is a Medical Doctor who is board certified in Orthopaedic surgery.

**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)

The reviewer disagrees with the previous adverse determination regarding the medical necessity of O/P left knee, arthroscopy, chondroplasty, loose body removal, and possible meniscal debrid.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Records were received and reviewed from the following parties:

These records consist of the following (duplicate records are only listed from one source):

Records reviewed:

Letter - 8/5/2013, 8/27/2013, 9/19/2013, 9/26/2013

MRI Report- left knee- 6/28/2013

Progress Notes- 6/17/2013, 6/24/2013, 7/3/2013  
Work Status- 8/5/2013, 8/27/2013, 9/19/2013, 9/26/2013

Records reviewed from Mutual Insurance:

Denial letter- 8/15/2013  
Appeal Letter- 9/17/2013  
Progress Notes- 8/28/2013  
Treatment History- no date  
ODG Knee and Leg

A copy of the ODG was provided by the Carrier for this review.

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

The claimant's left knee buckled and gave way in association with a "hyperextension injury". X-rays revealed degenerative joint disease. A 6/28/13 dated left knee MRI revealed a patellofemoral chondral lesion and loose body. Most recently (on 9-26-13) there was documented painful ambulation and knee locking with an associated effusion, positive McMurray and crepitus. Treatment documented has included medications and restricted activities. Primary diagnoses have included loose body and meniscal/cartilage injuries with recurrent mechanical symptoms. Denial letters discussed the lack of less invasive trial and failures.

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

The claimant is active and has a history of recurrent knee pain and locking. This is after a hyperextension injury mechanism. The objective findings are indicative of internal derangement, persistent. The MRI supports a significant loose body and large chondral lesion. There is no other reasonable form of treatment with a known loose intra articular piece that is already causing adverse mechanical issues and pain, especially when the probable source of the loose body is identified and may also require treatment (as may a plausible meniscal tear, based on the clinical findings). Reasonable treatment in the form of restricted activities and medications have been tried and failed. Intent of clinically applicable ODG criteria have been met, as referenced below.

**Reference:** ODG Knee Chapter

### **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)

**Arthroscopy for Loose Body Removal:** Recommended where symptoms are noted consistent with a loose body, after failure of conservative treatment, but knee arthroscopic surgery for treatment of osteoarthritis is not recommended. In cases of knee osteoarthritis where mechanical symptoms are consistent with a loose body, meniscal tear or chondral flap tear, arthroscopy after failure of non-operative treatment is indicated. This is especially true if the pathology is in a compartment (i.e. lateral) other than one with advanced joint space collapse (i.e. medial). In order to fully address the mechanical symptoms if arthroscopy is chosen, all loose bodies, chondral flap tears and meniscal tears that could be causing the symptoms should be treated. (Kirkley, 2008)

**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 [e.g., 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)

**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)