Icon Medical Solutions, Inc.

11815 CR 452
Lindale, TX 75771
P 903.749.4272
F 888.663.6614

Notice of Independent Review Decision

DATE: November 19, 2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Left knee synovectomy, medial meniscectomy, PCL reconstruction (29876, 29881, 29888)

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
The reviewer is certified by the American Board of Orthopaedic Surgery with over 13 years of experience.

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

☒ Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether medical necessity exists for <u>each</u> of the health care services in dispute.

PATIENT CLINICAL HISTORY [SUMMARY]:
The claimant is a male who injured his left knee on xx/xx/xx during a motor vehicle accident.

12/13/13: The claimant was evaluated for left knee pain. He had been going to physical therapy, but continued to have gross instability. On exam of the left knee there was moderate 2+ effusion noted. There was no laxity to varus and valgus stressing. There was 3+ excursion with the posterior drawer testing. There was medial joint line tenderness. Diagnosis: Tear of medial cartilage or meniscus and sprain of the cruciate ligament. recommended surgery of the left knee including arthroscopically assisted PCK reconstruction with allograft, synovectomy and medial meniscectomy.
01/31/14: Operative report. POSTOPERATIVE DIAGNOSIS: Left knee PCL (posterior cruciate ligament) tear with medial meniscal tear and synovitis. PROCEDURE: Left knee arthroscopic PCL (posterior cruciate ligament) reconstruction with allograft, major synovectomy, partial medial meniscectomy.

03/17/14: The claimant was evaluated 5 weeks status post PCL reconstruction of the left knee. On exam there was some swelling consistent with that point in the post-operative course. There was no significant erythema, unusual eccymosis, purulence or other signs of infection. X-ray of the left knee showed stable PCL graft and hardware. recommended physical therapy for range of motion, strengthening, and modalities. Medications included Norco 325 mg- 5 mg

06/02/14: The claimant underwent a physical therapy discharge evaluation with PT. The claimant was reported to have undergone 25 sessions of PT which began on March 24, 2014. ROM of the left knee was noted to be 130 degrees of flexion and 0 degrees of extension. Strength of left knee flexion and extension was 5/5. It was reported that the claimant had progressed well with POC and demonstrated great improvement in strength and ROM as compared to evaluation. The minimum limitation in knee flexion was most likely a result of edema in joint. All goals were met.

07/16/14: The claimant was evaluated 6 months status post PCL reconstruction of the left knee. He was waiting to see if he was approved for 4 weeks of work hardening/conditioning. He had been off work for 15 months with several areas of injury including the left shoulder, left elbow and left knee. On exam he had good ROM with continued tenderness at the anterior incision site. His brace had been fitted. recommended a 4 week intensive work hardening/conditioning program prior to returning to work. He also instructed the claimant to wear his ACL/PCL brace. Medication included Norco.

09/16/14: The claimant was evaluated for complaints and concerns about his left knee. He reported his knee was getting checked in a work steps exam and they told him his knee moved around like he had an ACL tear. On exam there was no joint line tenderness. No laxity to varus and valgus stressing. There was no anterior drawer, however he had a significant posterior drawer. recommended an MRI to assess the integrity of the PCL.

09/25/14: MRI of the Left Knee without contrast. IMPRESSION: 1. Status post PCL reconstruction with intact-appearing graft. 2. Shallow radial tearing of the posterior root of medial meniscus. 3. Old-healed MCL sprain with hypertrophic scarring. 4. Early changes of osteoarthritis. 5. Small effusion.

10/15/14: The claimant was evaluated following the MRI. On exam he continued to have gross instability in spite of wearing his knee brace. He continued with 1+ effusion. There was medial joint line tenderness and crepitus with ROM. The claimant had an antalgic gait on the left that showed pain with waling. recommended re-visiting the knee arthroscopically and performing synovectomy with meniscectomy and possible revision PCL reconstruction with autograft.

10/21/14: UR. RATIONALE: The clinical documentation submitted for review does not adequately address the patient’s previous conservative therapy following the last surgical procedure. Additionally, the imaging study submitted for review did not provide any significant deficits of the posterior cruciate ligament that

supports the need for additional surgical intervention. As there is no indication the patient has failed to respond to conservative postsurgical treatments and there is no evidence of a posterior cruciate ligament injury, surgical intervention would not be supported.

10/30/14: UR. RATIONALE: The patient has documentation of joint pain and popping, joint line tenderness, effusion, and crepitus. The official MRI on 9/25/14 reveals a small posterior horn medial meniscus tear, small effusion, and an intact PCL graft with wavy appearance. The medical records indicate the patient completed 25 sessions of postoperative physical therapy as of 6/2/14, with range of motion at 130 degrees flexion noted. The clinical information submitted for review meets the evidence-based guidelines for surgical synovectomy with medical meniscectomy. However, the documentation fails to meet the evidence-based guidelines for the PCL reconstruction as there is a lack of documentation indicating a PCL injury. As such, the request for left knee synovectomy, medical meniscectomy, PCL reconstruction CPT 29876, 29881, 29888 is given an adverse determination.

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

The prior adverse determinations are partially overturned. The claimant is indicated for a left knee synovectomy with partial meniscectomy of the medial meniscus. Revision posterior cruciate ligament (PCL) reconstruction is not medically necessary based on the records reviewed.

The claimant currently complains of knee pain following his PCL reconstruction and partial medial meniscectomy. He has tenderness in the medial aspect of the knee, which correlates with the medial meniscal tear identified on 9/25/14 MRI. He has completed a full course of conservative care, which included 25 sessions of physical therapy. The Official Disability Guidelines (ODG) would support partial meniscectomy for this claimant.

The recent MRI demonstrated no evidence of PCL reconstruction failure. The claimant does not require a revision surgery based on the MRI findings. Even if there was laxity of the PCL graft, conservative (non-operative) care is acceptable for most patients with isolated PCL injuries.

Therefore, the request for left knee synovectomy, medial meniscectomy, PCL reconstruction (29876, 29881, 29888) is partially overturned as only the left knee synovectomy and medical meniscectomy is found to be medically necessary.

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).

Posterior cruciate ligament (PCL) repair	Under study. Injuries of the posterior cruciate ligament (PCL) of the knee frequently occur in automobile accidents and sports injuries, although they are less frequent overall than injuries of the anterior cruciate ligament (ACL). Some patients show significant symptoms and subsequent articular deterioration, while others are essentially asymptomatic, maintaining habitual function. Management of PCL injuries remains controversial and prognosis can vary widely. Interventions extend from non-operative (conservative) procedures to reconstruction of the PCL, in the hope that the surgical procedure may have a positive effect in the reduction/prevention of future osteoarthritic changes in the knee. No randomized or quasi-randomized controlled studies were identified. (Peccin-Cochrane, 2005)

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)**