

Health Decisions, Inc.
4517 Coconino Court
Fort Worth, TX 76137
P 972-800-0641
F 888-349-9735

Notice of Independent Review Decision

October 22, 2014; Amended October 30, 2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Left Knee Medial Meniscus Debridement

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

American Board Certified Orthopaedic Surgeon with over 42 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.

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a female that was injured at work on xx/xx/xx when she tripped and landed on and twisted her left knee. She has had an MRI and x-rays. She has been on anti-inflammatories and had PT with no relief.

06-20-14: Office Visit Report. The claimant presents with left knee decreased ROM and pain on anterior side of the knee. She also reported swelling of the knee as well. Upon exam, left knee has FROM, tenderness on anterior side and lateral collateral ligament demonstrates laxity. Recommendations: PT and Daypro.

06-23-14: Physical Therapy Evaluation. Assessment: The claimant's symptoms are consistent with L knee anthescopathy. Probable knee strain with contusion, possible arthritic degenerative changes that are causing lingering pain.

06-26-14 thru 08-06-14: Physical Therapy Daily Note. On 06-23-14, claimant c/o pain across the front of her knee since injury, but has lessened this past week. Plan: Continue therapy. On 06-25-14 the claimant reports that pain has lessened significantly and rates 2/10; 0/10 after PT. On 07-01-14 claimant reports her knee feels great. 07-28-14 The claimant reports only having pain at work and has occasional buckling throughout the work shifts.

06-30-14: Follow-Up Evaluation. The claimant presents with no changes in left knee other than has begun to pop. Upon exam, effusion has resolved and tenderness over medial knee compartment. X-rays are WNL. Dx: Left enthesopathy of the knee. Recommendations: Continue PT and schedule MRI.

07-14-14: MRI Left Knee without contrast. Impression: 1. Moderate to advanced osteoarthritis of the medial compartment of the knee with associated complex degenerative type tear of the body and posterior horn medial meniscus. 2. Reactive marrow edema in the medial tibia related to osteoarthritis and meniscus tear. 3. Slit-like Baker's cyst.

07-18-14: Follow-Up Evaluation. Recommendation: Refer to Ortho

07-23-14: Physical Therapy Re-Evaluation. Left knee joint line pain, infrequent buckling, LLE weakness. Unable to kneel/squat/lunge, difficulty lifting heavy boxes.

08-20-14: Follow-Up Evaluation. The claimant c/o left knee instability, otherwise no changes. Recommendations: No PT.

08-20-14: URA. Rationale: The request for left knee arthroscopy for a medial meniscal debridement is non-certified. The patient complained of left knee pain. A meniscectomy is indicated provided that the patient meets specific criteria, including significant findings identified by clinical evaluation and imaging studies confirming a meniscal tear. The patient underwent short course of physical therapy addressing left knee complaints. However, no information was submitted regarding objective findings including a McMurray sign, range of motion limitations or joint line tenderness. According to the clinical note the patient underwent an MRI; however, no MRI results were submitted for review. Given this, the request is not indicated as medically necessary.

08-28-14: Clinical Encounter Summaries. The claimant is here for f/u for tear of meniscus of knee. She c/o left knee popping and clicking. Upon exam, there is positive knee effusion, pain along the medial joint line. There is clicking with ROM and positive McMurray sign. Impression: Meniscus tear with underlying mild arthritis. The meniscus tear is acute and associated with mechanical symptoms. Plan: Knee arthroscopy for debridement.

09-03-14: Follow-Up Evaluation. The claimant report that left knee swelling has resolved. Recommendations: No PT and Lodine.

09-19-14: URA. Rationale: According to Official Disability Guidelines, criteria for a meniscectomy or meniscal repair include patients must have undergone conservative care such as a formal course of physical therapy and/or a home exercise program. They must also have evidence of medication use and/or activity modifications such as crutches or an immobilizer. There must also be clinical findings that are corroborated with an MRI to confirm a meniscal tear. In the case of this patient, not only was there no documentation of the patient having undergone a formal course of conservative modalities, there was also no imaging study provided for review to verify that the physician's interpretation of the imaging study matched that of the radiologist. Peer to peer contact was not successful. Therefore without meeting all of the Guideline criteria for the requested surgical procedure, the request cannot be supported and is non-certified.

09-24-14: Office Visit Report. The claimant presents with worsening sx's with medial pain, as well as, swelling and clicking. On exam, pain with motion and palpation. X-ray: Notch mild medial compartment narrowing with minimal osteophyte formation. Plan: Arthroscopy for meniscal debridement.

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

The previous decisions are upheld. The patient has not had physical therapy as recommended by Official Disability Guidelines. The patient's MRI findings are of a degenerative arthritis and arthroscopic surgery for degenerative changes are not recommended by the Official Disability Guidelines. Therefore the request for Left Knee Medial Meniscus Debridement is non-certified.

Per ODG:

Arthroscopy

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 [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)