

Maturus Software Technologies Corporation
DBA Matutech, Inc
881 Rock Street
New Braunfels, TX 78130
Phone: 800-929-9078
Fax: 800-570-9544

Notice of Independent Review Decision

November 6, 2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Arthroscopy of the left knee (29881)

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

Certified, American Board of Orthopaedic Surgery

REVIEW OUTCOME:

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

Upheld (Agree)

Medical documentation **does not support** the medical necessity of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG criteria have been utilized for the denials.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female. On xx/xx/xx, she fell. She fell onto her left knee and developed left ankle pain.

2013: evaluated the patient on June 27, 2013, for complaints of left knee and ankle pain with swelling. Examination of left knee revealed full knee range of motion (ROM) with pain, some effusion, tenderness over the entire knee and pain with McMurray's test. The left ankle exam showed tenderness over the lateral malleolus. X-rays of the left knee and ankle were noted to be negative for fracture. diagnosed left knee pain and left ankle sprain and planned treatment with a knee brace, Norco, ibuprofen and restricted work.

On July 2, 2013, noted the patient was still having difficulty with weightbearing and needed pain medications. The assessment was left knee sprain and contusion and left knee sprain. The patient was recommended imaging studies to rule out occult tibial plateau fracture or other internal derangement.

On July 9, 2013, diagnosed resolved left ankle sprain. The patient continued with knee pain. Imaging studies were awaited.

On July 11, 2013, magnetic resonance imaging (MRI) of the left knee revealed signal change within the body of the lateral meniscus appearing more consistent with intrasubstance mucoid degeneration than a tear, two associated adjacent parameniscal cysts, and two not-associated anterior parameniscal cysts. There was a small joint effusion, slight lateral patellar tracking and possible tendinosis versus Magic angle artifact in distal patellar tendon.

On July 16, 2013, reviewed the MRI findings that showed some degenerative changes but no acute findings. The ROM was noted to be worse 10-90 degrees, with small effusion and generalized tenderness. The patient was recommended physical therapy (PT) three times a week for three weeks, more walking at work and use ibuprofen.

From July 23, 2013, through September 20, 2013, the patient underwent 16 sessions of PT at Select Physical Therapy to her left knee. Modalities utilized included hot/cold packs, manual therapy, electrical stimulation and therapeutic procedures and activities.

From July 30, 2013, through September 10, 2013, there were three follow-up visits who stated PT was helping and so additional therapy was approved. By September 10, 2013, the patient noted ROM was 0-100 degrees, which was improved.

On September 24, 2013, noted the patient had completed therapy, still complained of some knee pain. She was ready to try full duty work. The patient was referred for impairment rating and full duty work.

On October 3, 2013, the patient presented for worsening of knee symptoms. Impairment rating had not been done and there were no mechanical symptoms. Examination revealed 0-90 degrees ROM, generalized tenderness to the medial joint line and popliteal region/upper calf. There was no effusion noted. refilled over-the-counter medications and gave a referral for orthopedic evaluation.

On October 14, 2013, performed orthopedic evaluation for left knee pain located at the patella and infrapatellar area rated at 7/10. This was associated with numbness and tingling of the left foot. Previous treatment with Norco was noted to be fair and there was no left ankle pain now. noted gait was mild-to-moderately antalgic. There was tenderness present in the quadriceps and patellar tendons. Active ROM revealed pain with extension. ROM was mildly limited. Flexion was painful anteriorly. Provocative tests were negative. There was mild tenderness

present in the lateral malleolus. Left knee radiographs showed lateralized patella, otherwise within normal limits. Left ankle radiographs were unremarkable. reviewed the MRI findings and diagnosed knee pain and lateral ankle sprain. He recommended more therapy, with the use of a brace and non-steroidal anti-inflammatory drugs. If the patient would not get better with these in a month's time, then diagnostic arthroscopy was to be considered.

On November 5, 2013, PT reevaluation was performed with a plan for two visits a week for four weeks duration.

From November 5, 2013, through January 16, 2014, the patient attended therapy with modalities consisting of therapeutic activities and therapeutic procedures.

2014: On January 16, 2014, the patient was discharged from PT, to independent home exercise program (HEP).

On February 12, 2014, noted left knee pain located on the left patella and left infra-patellar area. diagnosed knee pain, pes anserinus tendinitis or bursitis and patella tendinitis. He prescribed nabumetone.

On March 19, 2014, noted no improvement with time, bracing, medications and ice. There was pain on the left patella and left infra-patellar area. Examination of the left knee revealed tenderness on the medial parapatellar, lateral parapatellar, lateral joint line and medial joint line; mild crepitation of the patellofemoral; mildly limited extension with pain, moderately limited flexion with pain and positive McMurray's test lateral joint line pain and positive McMurray's test medial joint line tenderness and pain. diagnosed internal derangement of the left knee and prescribed tramadol.

On April 9, 2014, noted ongoing left knee complaints. The patient presented for preoperative evaluation.

On April 10, 2014, performed left knee arthroscopic partial lateral meniscectomy.

On April 22, 2014, noted the patient was taking Norco regularly for pain and recommended PT two times a week for one month.

From April 29, 2014, through August 5, 2014, the patient attended 15 sessions of PT.

On May 12, 2014, that the patient's pain was unchanged. Examination revealed well healing portals and no sign of complication. There was lack of full flexion and extension due to pain. recommended continuing current treatment plan.

On May 20, 2014, noted that the pain remained unchanged and recommended continuing PT.

On June 9, 2014, the patient reported the pain was unchanged. She reported that she was out of pain medication and was doing slightly worse since off her medication. continued PT and recommended evaluation by a pain management physician.

On July 8, 2014, noted the patient had slightly improved left knee pain. Examination revealed decreased flexion and extension due to mild weakness in quads. continued PT.

On August 6, 2014, noted no change in symptoms. Current weight was 320 pounds. He diagnosed left knee pain and lateral ankle pain. He discussed activity modification; continued present treatment plan, ice and PT and ordered MRI to rule out recurrent internal derangement.

On August 28, 2014, MRI of the left knee revealed signal within the mid body and anterior horn lateral meniscus, possible simple postoperative change. In order to determine if there was any recurrent meniscal tear, MR arthrography was needed. There was some lateral compartment arthritis and small joint effusion.

On September 8, 2014, noted no significant change since the previous visit. Examination revealed moderately limited flexion and extension. He recommended left knee medial or lateral meniscectomy.

Per utilization review dated September 15, 2014, arthroscopy left knee meniscectomy was denied with the following rationale: "Based on the medical records submitted for review on the above reference claimant, left knee arthroscopy with medial or lateral meniscectomy is not recommended. Claimant does not meet ODG criteria. She is morbidly obese and should be encouraged to lose weight to improve the knee pain and her general health including the diabetes."

On September 18, 2014, appealed the surgery denial.

Per reconsideration review dated October 16, 2014, the request for arthroscopy knee with meniscectomy was denied with the following rationale: "This patient had a prior left knee arthroscopy completed in April 2014. The patient had residual symptoms and has undergone a repeat MRI without contrast but the study was suboptimal due to the patient's body habitus. There was no report of any trial injection. The need for another arthroscopy and lateral meniscectomy is not confirmed by these records."

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

This morbidly obese claimant underwent arthroscopy and partial lateral meniscectomy, despite no presurgical MRI evidence of a lateral meniscus tear, and despite not documenting specific painful mechanical symptoms or positive provocative exam findings until just before requesting surgery. Despite the surgery, the claimant did not improve. has requested another diagnostic arthroscopy, again without MRI evidence of a discrete meniscus tear, and without describing how he failed to address the meniscus tear during the initial operation. ODG does not address repeat or revision knee arthroscopy. Applying the available ODG criteria for primary knee arthroscopy (addressing meniscal pathology), the claimant does not meet the criteria for surgery, and the preauthorization denials have been determined appropriately.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES