

**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

**March 25, 2014**

**IRO CASE #:**

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

Left knee arthroscopy meniscus repair versus partial meniscectomy

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

Certified by the American Board of Orthopaedic Surgery  
Recertified by the American Board of Orthopaedic Surgery, 2011  
Orthopaedic Sports Medicine Subspecialty CAQ, ABOS, 2011

**REVIEW OUTCOME:**

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

Overturned (Disagree)

Medical documentation supports the medical necessity of the health care services in dispute.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a female who alleges an injury on xx/xx/xx. The patient strained her knee.

On December 31, 2013, a magnetic resonance imaging (MRI) of the left knee identified: Within the posterior body and posterior horn of the medial meniscus, there appeared to be a vertical tear involving the outer third.

On January 21, 2014 an orthopedic surgeon, evaluated the patient for left knee complaints. The patient stated the pain was on the medial aspect. She felt immediate pain and swelling following the injury. She reported occasional locking type sensation. Examination of the left knee showed mild effusion, tenderness to

palpation in the medial joint line and positive McMurray's test. Range of motion (ROM) was from 0 to 125 degrees. There was no tenderness at the lateral joint line. Collateral ligaments were stable to varus and valgus stress testing. Anterior and posterior drawer tests were negative. There was no pain with patellofemoral compression testing. reviewed x-rays of the left knee that were unremarkable. He reviewed MRI that showed a vertical outer third tear of the medial meniscus. He diagnosed medial meniscus tear, left and recommended undergoing left knee arthroscopy with arthroscopic meniscal tear versus partial meniscectomy.

Per utilization review dated January 27, 2014, the request for left knee arthroscopy meniscus repair versus partial meniscectomy was denied based on the following rationale: *"The guidelines state that for meniscectomy and meniscal repair, there must be documentation of failure of conservative care, to include exercise, physical therapy, home exercise program, medications, crutches and immobilizer. There must be subjective complaints of feeling of give-way, locking, clicking, or popping and objective findings of positive McMurray's test, joint line tenderness, effusion or limited range of motion. There should also be a meniscal tear on MRI. The provided documentation supported an MRI had been performed that revealed a vertical, outer third tear of the medial meniscus, but the MRI report was not included in the records to be reviewed. The patient reported occasional locking type sensation. There is no documentation that the patient has undergone any type of conservative care, including a home exercise program, structured physical therapy, or oral medications. Without documentation of failure of conservative care and without the MRI report provided for direct review, documenting meniscal injury, the request cannot be medically supported. The request for left knee arthroscopy with meniscus repair versus partial meniscectomy is not certified."*

On February 10, 2014, the patient requested a reconsideration of the adverse determination for the requested service of left knee arthroscopy meniscus repair. The patient further stated that following were the supporting evidence for reconsideration of the non-certification of the request for service: Two months of continuous pain and disability since the injury, immobilizer utilized since injury, positive McMurray's test, MRI revealed a vertical, outer third tear of the medial meniscus, pain rating on daily basis of 5-6 (scale of 1-10 with being most severe), current symptoms of popping, locking while sitting and needed assistance to stand, sleep disturbance due to pain and redness and swelling at the site of injury. The patient also stated that she was not able to perform her job duties due to the injury and the requested service would expedite her return to full duty status.

Per reconsideration review dated February 17, 2014, the appeal for left knee arthroscopy meniscus repair versus partial meniscectomy was denied based on the following rationale: *The patient is a female who injured her left knee xx/xx/xx, when she twisted her knee. The patient is diagnosed with medial meniscus tear. An appeal for left knee arthroscopy meniscus repair versus partial meniscectomy has been made. The request was previously denied since there was no documentation of conservative care and MRI report provided for direct review. There is an updated documentation submitted for review including a recent MRI of*

*the left knee dated December 31, 2013. MRI of the left knee dated December 31, 2013, showed vertical outer third medial meniscus tear. The recent medical record dated January 21, 2014, indicates that the patient continues to experience left knee pain. Physical examination revealed mild effusion with tenderness to palpation over the medial joint line. There was no tenderness over the lateral joint line. Range of motion was 0-125 degrees. The collateral ligaments were stable to varus and valgus stress testing. Anterior and posterior drawer testing is negative. There is a positive McMurray's test. X-rays of the left knee were unremarkable. While surgical interventions may be considered, there was no evidence in the medical reports submitted that the patient has exhausted conservative treatment such as medications, physical therapy and corticosteroid injections prior to the proposed surgery. In agreement, with the previous determination, the medical necessity of the request has not been substantiated."*

On February 25, 2014, a letter requesting a reconsideration of the adverse determination for the requested service of a left knee arthroscopy meniscus repair was submitted.

On March 20, 2014, a letter requesting a reconsideration of the adverse determination for the requested service of a left knee arthroscopy meniscus repair was submitted.

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

The claimant has a MOI, symptoms, positive clinical findings, and positive objective MRI findings consistent with a medial meniscus tear. It appears that the claimant has met the ODG criteria for consideration of a partial medial meniscectomy. It appears that the previous adverse decisions were based (at least in part) on factors other than the ODG criteria, such as not having a copy of the MRI report for review, which is a paperwork issue not a clinical issue. The previous adverse determinations should be overturned.

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

**ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**