



Specialty Independent Review Organization

Notice of Independent Review Decision

Date notice sent to all parties: 1/1/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

The item in dispute is the prospective medical necessity of arthroscopy - knee & NJX platelet plasma.

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 Orthopedic 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 agrees with the previous adverse determination regarding the prospective medical necessity of arthroscopy - knee & NJX platelet plasma.

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:

- Denial Letters – 11/14/13, 12/3/13
- LHL009 – 12/11/13
- Pre-authorization Requests – 11/8/13, 11/22/13
- Office Visit Note – 11/6/13
- Progress Notes – 8/2/12, 9/12/12, 10/24/12, 12/5/12, 2/6/13, 2/27/13, 3/20/13
- Evaluation Summary – 8/17/12

Health Care:

Office Visit Note – 8/29/13

Office Visit Note – 8/31/11, 9/20/11, 9/22/11, 9/26/11, 9/28/11, 10/3/11,
10/5/11, 10/12/11, 10/17/11, 10/19/11, 3/15/12, 7/26/13, 10/28/13

Office Visit Notes – 6/16/11, 6/30/11

SOAP Note – 8/18/11

MRI Report – 2/26/13

Operative Report – 7/17/12

Patient Medical History Form – undated

Office Visit Note – 8/17/12

SOAP Notes – 8/17/12, 8/23/12, 8/30/12, 8/31/12, 9/5/12, 9/7/12, 9/10/12,
9/12/12, 9/17/12, 9/19/12, 9/24/12, 9/26/12, 9/28/12, 10/1/12,
10/3/12, 10/5/12, 10/10/12, 10/12/12, 10/15/12, 10/19/12, 10/22/12,
10/29/12, 10/31/12

A copy of the ODG was not provided by the Carrier or URA for this review.

PATIENT CLINICAL HISTORY [SUMMARY]:

The xx-year-old was injured in xx/xxxx. He fell. He sustained a right knee injury. He was treated for a re-tear of the right knee medial meniscus. Treatment included arthroscopic surgery of the knee on August 4, 2011. There was recurrent pain and swelling in the knee. On July 17, 2012 the patient underwent right knee arthroscopy with repair of the cruciate ligaments, along with partial medial and lateral meniscectomies. On February 26, 2013, an MRI-Arthrogram revealed a possible torn medial meniscus with blunting of the lateral meniscus. A clinical note dated 3/7/13 revealed right knee motion from -4 to 98° of flexion. A clinical note from November 6, 2013 revealed ongoing pain and a trace effusion of the right knee, along with diffuse medial joint line tenderness. This was despite treatment that had included 23 Physican Therapy visits. There is a consideration for arthroscopic surgery, along with platelet rich plasma.

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

Recent detailed and comprehensive non-operative treatment trial and failures including PT and injection have not been provided. In addition, there were no submitted imaging studies that indicated a significant defect in the articular cartilage or menisci. Finally, platelet rich plasma is at best noted in the applicable guidelines to be “under study.” Therefore, at this time the surgical request including platelet rich plasma/arthroscopy cannot be considered medically necessary as per guidelines.

ODG Knee Chapter: Arthroscopic Surgery/Indications for Surgery-
Chondroplasty:

Criteria for chondroplasty (shaving or debridement of an articular surface), requiring ALL of the following:

1. Conservative Care: Medication. OR Physical therapy. PLUS
2. Subjective Clinical Findings: Joint pain. AND Swelling. PLUS
3. Objective Clinical Findings: Effusion. OR Crepitus. OR Limited range of motion. PLUS
4. Imaging Clinical Findings: Chondral defect on MRI
(Washington, 2003) (Hunt, 2002) (Janecki, 1998)

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)

Platelet Rich Plasma-

Under study. This small study found a statistically significant improvement in all scores at the end of multiple platelet-rich plasma (PRP) injections in patients with chronic refractory patellar tendinopathy and a further improvement was noted at six months, after physical therapy was added. The clinical results were encouraging, indicating that PRP injections have the potential to promote the achievement of a satisfactory clinical outcome, even in difficult cases with chronic refractory tendinopathy after previous classical treatments have failed. (Filardo, 2009).

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)**