

AccuReview

An Independent Review Organization
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Notice of Independent Review Decision

[Date notice sent to all parties]: June 11, 2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

OP Right Knee AA, Poss Medial Revision or Chondral Debridement 29870 29881
29877

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

This physician is Board Certified Orthopaedic Surgeon with over 15 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.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male who was injured on xx/xx/xx when slipping and falling at work hurting his right knee and lumbar region.

xxxxx: MRI Knee wo Contrast, Right. Impression: 1. Osteochondral abnormality in the medial retropatellar surface. This could be an area of chondrocalcinosis with associated, underlying bone marrow edema. 2. Tendonitis to the superior portion of the patellar tendon with some surrounding soft tissue edema. 3. Mild myxoid degeneration in the posterior horn of the medial meniscal. 4. The rest of the knee is negative.

11-01-13: PT Visit Note. Complaints/HPI: left ankle, sprain strain of knee, lumbar. Claimant stated that he continues with some pain to ankle, he continues with ibuprofen. Current medication: Naprosyn 375 mg, Lortab 10/500. PE: Musculoskeletal: Right knee: ROM is restricted with movements are painful with flexion beyond 90 degrees. Tenderness to palpation is noted over the patella. McMurray's test is negative, creaking upon flexion and extension. Pain 5/10. Diagnosis: 845.00 Sprains and strains of ankle not otherwise specified (left), 844.9 Sprains and strains of Knee and Leg not otherwise specified (right). Plan: Light duty: no bending, kneeling or squatting, no climbing stairs or ladders. Refer to PT, follow-up in two weeks, MRI reviewed: tendonitis, Chrocalcinosi, degenerative changes, no tears.

12-23-13: Utilization Review Referral. Pre-certification Request for 3w 3 physical therapy/eval, 97110 97001 97140

01-03-14: Utilization Review Referral. Pre-certification Request for 3w 3 physical therapy/eval, 97110 97001 97140

01-13-14: PT Visit Note. Current Medications: Naprosyn 375 mg, Lortab 10/500. Subjective: Primary complaint: presented with constant pain over the right lumbar area with pain shooting down the anterior quadriceps to the knee. There is occasional numbness in the right big toe. Pain described as 8/10. Symptoms are exacerbated by prolonged sitting, prolonged walking periods, supine lying, elevating the right leg, managing stairs. Symptoms relieved by applying heat, sidelying bilat pillow between knees. Objective: + quadrant left rot/sb, + SLR: right. Assessment: Claimant presented with pain, weakness, and ROM limitations across lumbar spine and knee status post fall. HE occasionally exhibiting symptoms of L5 radiculopathy, and will benefit from PT to improve overall impairments.

01-15-14: Visit Note. Complained of right knee and right lower back pain. Current medications: Naprosyn 375 mg, Lortab 10/500. PE: Musculoskeletal: + lower back pain, + joint pain: right knee joint, + muscle cramps, + muscle pain, + stiffness. Neurologic: + right lower extremity weakness. Spine: Lumbar spine: ROM is restricted with flexion limited to 45 degrees and extension limited to 5 degrees. Back movements are painful with flexion and extension. On examination of the paravertebral muscles, spasm, tenderness and tight muscle band is noted on the right side. SLR is positive. Knee, Right: tenderness to palpation is noted over the lateral joint line, medial joint line and patella. Procedures: joint injection, right knee. Diagnosis: 847.2 Sprains and Strains of Lumbar Region, 844.9 Sprains and Strains of Knee and Leg not otherwise specified (right). Prescriptions: Flexeril 10mg, Relafen 750 mg. Plan: work status: light duty: no lifting more than 20 lbs. Plan: follow up 1 month, refer to PT, and continue with PCP, possible MMI next visit.

02-05-14: Summary of Visit. Claimant complained of continued back pain and right knee pain. Stated injection helped x 1 day and then pain returned. Diagnosis: 844.9 Sprains and strains of the knee and leg not otherwise specified

847.2 Sprains and strains of lumbar region, 836.2 Current tear of cartilage or meniscus of knee not elsewhere classified, 722.10 lumbar disc protrusion, 845.00 Sprains and strains of ankle not otherwise specified. Plan: light duty, no lifting more than 2 lbs. Plan: Follow up in two weeks, MRI if symptoms continue.

03-06-14: Initial Evaluation. PE: Musculoskeletal Exam: Pronounced medial joint line tenderness. Positive Apley's, Positive McMurray's. Assessment: Internal derangement of right knee; acute medial meniscus tear; lumbago. Plan: Claimant recommended for an arthroscopic diagnostic planned medial meniscectomy and referral to back surgeon for lumbar pain.

03-20-14: UR. Reason for denial: The clinical information submitted for review fails to meet evidence-based guidelines for the requested service. The mechanism of injury was not provided within the medical records. Medications were not provided within the medical records. Surgical history included a left knee medial meniscectomy. Diagnostic studies included an MRI of the right knee, 10/29/13, revealed osteochondral abnormality in the medial retropatellar surface which was noted could be an area of chondrocalcinosis with associated, underlying bone marrow edema, tendinosis of the superior portion of the patellar tendon with surrounding soft tissue edema, mild myxoid degeneration of the posterior horn of the medial meniscus, and the rest of the knee was negative. Other therapies included physical therapy and an injection. Upon imaging, there was no indication that the claimant had a tear of the meniscus. The claimant did not have subjective complaints including swelling, a feeling of give way, locking, clicking, or popping. The requesting physician does not include adequate documentation of significant objective findings including effusion, crepitus, limited ROM, and crepitus. A diagnostic arthroscopy would not be indicated as imaging was not inconclusive. The claimant would not require a medial meniscectomy as there was no indication of a meniscal tear on the MRI. As such, the request for OP knee AA, Poss Medical Revision or a Chondral Debridement 29870 29881 29877 is non-certified.

05-01-14: UR. Reason for denial: The claimant is a male who was injured on xx/xx/xx with a misstep. The claimant was diagnosed with a tear of cartilage of meniscus of knee. The claimant underwent a left medial meniscus repair of unspecified date. MRI of the knee on 10/29/13, reported osteochondral abnormalities of the medial retropatellar surface, which could be an area of chondrocalcinosis. There was mild myxoid degeneration of the posterior horn of the medial meniscus. The claimant has undergone two knee injections and an unspecified amount of PT. The evaluation by requesting physician on 03/06/14 noted subjective complaints of right knee pain. The physical examination documented no effusion. There was medial joint line tenderness. Positive McMurray's sign was noted, with full ROM. The previous non-certification was due to lack of medial meniscus tear on MRI, lack of subjective complaints of swelling or feeling of giving way, locking, clicking, or popping, and lack of objective findings of effusion, crepitus, or limited ROM. No additional medical records were provided for review. The previous non-certification is supported. The MRI reported no tear of the meniscus. There is no documentation of

exhaustion of lower levels of conservative care with nonsteroidal anti-inflammatory drugs or a HEP. There is no documentation of limited ROM. The appeal request for outpatient right knee AA with possible medial revision or chondral debridement is not certified.

05-14-14: Office Visit. Claimant presented with complaints of right knee and low back pain. He has had extensive physical therapy (12 sessions to be exact) and pain management without any relief of symptoms. In addition to this the claimant has had 2 intra-articular steroid injections. Claimant has myxoid changes on his MRI on the medial joint space. Claimant has failed to improve with all conservative management. Claimant has locking, popping, catching and giving way with persistent pain over the medial joint line. Problem List: derangement, internal knee unsp 717.9, Medial meniscus tear 836.0, Pain, low back 724.2. PE: Right knee with moderate swelling, pronounced medial joint line tenderness with a positive Apley's and positive McMurray's. No instability. Assessment: Internal derangement of right knee, acute medial meniscus tear, lumbago. Plan: Restore recommending a diagnostic arthroscopy of the knee for possible meniscal tear. This was previously denied by Workers' Comp.

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

Previous adverse determinations are upheld and agreed upon. Knee arthroscopy is not indicated in this claimant. The Official Disability Guidelines (ODG) recommends knee arthroscopy as a diagnostic tool when the patient has failed conservative care, has subjective clinical findings and has inconclusive imaging studies. Arthroscopic intervention is appropriate in the treatment of meniscal tears that have remained symptomatic despite conservative care. The October 2013 MRI identified mild degeneration of the posterior horn of the medial meniscus, without any evidence of tearing. Possible chondrocalcinosis in the medial retropatellar surface was reported. Patellar tendon tendonitis was also present. This claimant does not meet the ODG requirements for knee arthroscopy. The medical record incorrectly indicates that the claimant had an acute medial meniscal tear (836.0), which contradicts the MRI report. In the absence of a meniscal tear, a knee arthroscopy is not recommended. This proposed procedure will not improve the patient's condition. Therefore, after reviewing the medical records and documentation provided, the request for OP Right Knee AA, Poss Medial Revision or Chondral Debridement 29870 29881 29877 is denied.

Per ODG:

Diagnostic arthroscopy	<p>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).</p>
Meniscal allograft transplantation	<p>ODG Indications for Surgery™ -- Meniscal allograft transplantation: 1. Conservative Care: Physical therapy. OR Nonsteroidal anti-inflammatory drugs</p>

	<p>(NSAID). OR Activity modification. PLUS</p> <p>2. Subjective Clinical Findings: Capable and willing to follow the rehabilitation protocol. AND Knee pain that has not responded to conservative treatment. PLUS</p> <p>3. Objective Clinical Findings: Previous meniscectomy with at least two-thirds of the meniscus removed. AND If Modified Outerbridge Scale Grade III then debridement must first produce an articular surface sufficiently free of irregularities to maintain the integrity of the transplanted meniscus. AND Stable knee with intact ligaments, normal alignment, and normal joint space. AND Ideal age 20-45 years (too young for total knee). AND Body Mass Index of less than 35. PLUS</p> <p>4. Imaging Clinical Findings: Articular cartilage in the affected compartment demonstrates a chondrosis classified by the Modified Outerbridge Scale as Grade I, Grade II, or Grade III.</p> <p>Meniscal Allograft Transplantation Exclusion Criteria: Meniscal Allograft Transplantation is not recommended in the following circumstances: Mild to severe localized or diffuse arthritic condition that appears on standing x-ray as joint space narrowing, osteophytes, or changes in the underlying bone; Articular cartilage in the affected compartment demonstrates a chondrosis classified by the Modified Outerbridge Scale as Grade III that has not undergone debridement; Grade III with debridement that has not produced an articular surface that can maintain the integrity of the transplanted meniscus; or Grade IV.</p> <p>(Washington, 2003) (Graf, 2004) (Sekiya, 2003) (Vangsness, 2003) (Yoldas, 2003) (Cole, 2003) (BlueCross BlueShield, 2004) (Ryu, 2002)</p> <p>For average hospital LOS if criteria are met, see Hospital length of stay (LOS).</p>
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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)**