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Notice of Independent Review Decision

DATE: June 4, 2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Right knee examination under anesthesia (EUA), arthroscopy, excision meniscus tears with CPT code #29881

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

The reviewer is certified by the American Board of Orthopaedic Surgeons with over 40 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 female who injured her right knee when she fell while working on xx/xx/xx.

11/04/13: MRI Right Knee report. IMPRESSION: Extensive deep subcutaneous edema about the lateral and anterolateral and anterior aspect of the knee, consistent with sprains to the infrapatellar portion of the quadriceps tendon, lateral patellar retinaculum, vastus lateralis tendon, and iliotibial band, without evidence of rupture to these structures. Evidence of a small tear to the posterior horn of the lateral meniscus is seen. A small amount of intraarticular joint fluid is noted. The cruciate ligaments and collateral ligaments are intact.

12/06/13: The claimant was evaluated for review of her right knee. She complained of constant dull, throbbing pain with occasional sharp pains after a

work-related fall resulting in her landing on her right knee. She was taking Lortab. She was scheduled to begin physical therapy. She was placed on restricted duty but reported that her employer had terminated her. She noted that her swelling was much worse initially after the injury and that she had a lot of bruising. On exam, she had evident swelling but her bruising seemed to be resolved. Range of motion was possible from a 10 degree extension lag to 90 degree of flexion. She had tenderness to palpation at the lateral joint line. There was a positive McMurray. There was no calf tenderness or ankle edema. There was no ligamentous laxity. She did not limp when ambulating. She complained of pain with motion and weight bearing. There was no crepitus on motion. There was a knee effusion. PLAN: Possible surgery of examination under anesthesia, arthroscopy, and excision of a lateral meniscus tear was discussed. She was to trial physical therapy. She was placed on work restrictions of no kneeling/squatting, no climbing stair/ladders, must wear her immobilizer, must use crutches, and sitting job only.

01/21/14: Operative Report. POSTOPERATIVE DIAGNOSIS: Right knee torn lateral meniscus. PROCEDURES PERFORMED: Right knee examination under anesthesia, arthroscopy and excision of tears of lateral meniscus. DESCRIPTION: There was no chondromalacia. Plica was excised. Medial meniscus intact to probing and to inspection. ACL intact. Tearing of anterior horn of lateral meniscus. Posterior horn intact. Tear of the anterior horn was excised. Approximately ½ of the meniscus was removed.

01/29/14: The claimant was evaluated for swelling and pain. She reported falling at home directly on her right knee on xx/xx/xx. She was concerned that she needed more pain medication. Physical exam showed her wounds to be benign. She moved her toes well. There was calf tenderness and ankle edema. There was a positive Homan's sign. She was referred to the emergency room for Doppler vein study. She was to continue with physical therapy if she did not have thrombophlebitis. She was given a prescription for Norco 7.5 mg with 30 tablets and 2 refills, no more than 6 per day. Attached note dated 01/30/14 indicated that she called to inform that she was treated and released. She stated that she did not have any blood clots but was told that she had a traumatic hematoma. She was told to elevate, ice, and stay off her leg.

01/31/14: The claimant was evaluated. On exam, there was no longer calf tenderness or ankle edema. There was no longer a positive Homan's sign. Her calf circumference at the greatest area was 21 inches on the right and 20 ¾ inches on the left. X-ray obtained showed no bony injury. Her sutures were removed. She was improving. She was to resume therapy and monitor her swelling.

02/03/14: The claimant was evaluated who stated that a note from her therapy stated that she had been seen three times. Her therapy note stated that her flexion was 40 degrees. In conversation with the claimant, she did note that she had been terminated from her employment. On exam, her wounds were benign. She moved her toes well. There was no longer calf tenderness or ankle edema.

There was no longer a positive Homan's sign. Her flexion was 95 degrees. She was to resume therapy and monitor her swelling.

03/03/14: The claimant was evaluated who stated that a note from her therapy stated that she had a recent exacerbation of symptoms and noted "popping and locking." Her range of motion was from a 2 degree tension late to 110 degree of flexion. In conversation with the claimant, she had noticed the increase in symptoms over the last week and a half. She felt that she became worse after massage/manipulation by her therapist on 02/20/14. On exam, she moved her toes well. There was no longer calf tenderness or ankle edema. There was no longer a positive Homan's sign. Her flexion was 110 degrees. There was tenderness to palpation at the patellar tendon. She complained of pain in that area with extension. noted that she seemed to be doing worse and wished to proceed with MRI. Her therapy was placed on hold pending results of the MRI.

03/07/14: MRI Right Knee report. IMPRESSION: Severe truncation with near absence body lateral meniscus, best visualized series 104, image 8, new since prior study. Possible small inferior articular surface body medial meniscus, seen on only one coronal image, series 205, image 11, not seen on prior study. Small artifact in femorotibial compartment seen on same image. Moderate fluid anterior to patella and patellar tendon, could represent bursitis in the appropriate clinical setting. Moderate joint effusion.

03/17/14: The claimant was evaluated. She noted that she was becoming worse and worse and losing motion. Her exam was unchanged from 03/03/14 except her flexion was 90 degrees. There was tenderness to palpation at the patellar tendon. She complained of pain in that area with extension. There was a knee effusion. noted that she may have suffered an injury at home and that her MRI seemed to show a question of a tear of the medial meniscus. He recommended her undergoing right knee examination under anesthesia, arthroscopy, and excision of meniscus tears. It was noted that it would be necessary to have a prescription for pain medication of Norco 7.5 mg with 30 tablets and 2 refills after the proposed procedure.

03/20/14: UR. RATIONALE: There was no attempt at aspiration of the joint effusion. There was no attempt at injection. The patient has had treatment with surgery to the meniscus. The patient had a fall and had increased pain with PT. There was no definite tear on MRI. The patient may benefit from aspiration to remove the effusion. The request is not medically necessary due to inadequate attempts at conservative care. Aspiration and injection of steroid were discussed as options prior to revision surgery.

03/28/14: The claimant was evaluated. Her exam remained unchanged from 03/17/14. The plan was to obtain a cortisone injection to the right knee.

04/04/14: The claimant was evaluated. She was given a right knee injection of 80 mg of Depo-Medrol.

04/09/14: The claimant was reevaluated for a follow-up after a cortisone injection to the right knee carried out on 04/04/14. She reported no benefit at all and wished to go ahead with the proposed surgery. Her exam remained unchanged. The plan was to await approval for proposed surgery.

04/15/14: UR. RATIONALE: The procedure is not medically necessary per ODG for this patient who is less than three months status post right knee EUA, scope and excision of tears of lateral meniscus. The MRI shows a possible single surface tear and prior excision of the lateral meniscus.

04/28/14, 05/12/14: The claimant was evaluated. Her exam remained unchanged. The plan remained unchanged.

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

The previous adverse decisions are upheld. There is no indication in the provided records of locked knee, positive McMurray sign, or MRI evidence of a torn meniscus. The ODG criteria have not been met. Therefore, the request for Right knee examination under anesthesia (EUA), arthroscopy, excision meniscus tears with CPT code #29881 is not medically necessary.

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>
Meniscectomy	<p>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).</p>

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)**