

Medical Assessments, Inc.

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Notice of Independent Review Decision

October 10, 2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

OP Right Knee Medial Meniscectomy 29881

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

The Reviewer is a Board Certified Orthopaedic Surgeon with over 42 years of experience.

REVIEW OUTCOME:

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

Overturned (Disagree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male who was injured on xx/xx/xx, when the knee gave out. The claimant was diagnosed with medial meniscal tear.

Xx/xx/xx: Imaging Notes. **Impression:** No acute osseous abnormality of the right knee. Question small suprapatellar joint effusion. If there is concern for internal derangement of the knee, further evaluation with MRI may be of benefit.

08/01/2014: MRI. **Impression:** Complex tear involving the medial meniscus as detailed above. No visualization of the anterior cruciate ligament in multiple planes, which may be technique related or sequelae of a tear, given the paucity of inflammatory change, technique felt most likely.

08/19/2014: Evaluation. **HPI** Patient reports problems with catching and grabbing with popping ever since accident. No medications taken at this time. **Assessment:** Patient has a significant symptomatic classical meniscus tear of the posterior medial. Further treatment with anti-inflammatory drugs for the delay in physical therapy itself are not going to be effective in treatment of this problem. We would therefore proceed with a right meniscectomy. Conservative treatment programs have failed. **Plan:** We shall stand by for permission to proceed with a meniscectomy.

08/19/2014: X-ray. **Findings:** X-ray of the right knee shows no significant abnormalities such as a fracture or dislocation. No loss of joint space is present. The patellofemoral joint appears to be normal.

08/25/2014: UR. Rational for Denial: The clinical information submitted for review fails to meet evidence based guidelines for the requested service. The patient is a male who reported an injury on xx/xx/xx. The mechanism of injury was the patient jumped onto his right knee. The patient is not taking medications. The clinical note states the patient has complaints of catching and grabbing. The patient has diffuse right knee pain in the posterior medial compartment. McMurray's test is negative. The request is for right knee medial meniscectomy. ODG recommend meniscectomy with completion of conservative treatment, locked or blocked knee. There is a negative McMurray and there is a lack of documentation of failed conservative care. As such, the request is non-certified.

09/25/2014: UR. Rational for Denial: This is an appeal of a previously noncertified request for outpatient right knee medial meniscectomy. The claimant is a male who was injured on xx/xx/xx, when the knee gave out. The claimant was diagnosed with medial meniscal tear. Diagnostic evidence of meniscal tear has been noted; however, the guidelines would not support surgical intervention without mechanical pathology, such as McMurray's testing and joint line tenderness and documentation supporting failure of conservative treatment, such as oral medications, physical therapy, activity modification, and corticosteroid injection. This has not been provided in the records reviewed; therefore, the request for surgery cannot be supported. The appeal request for outpatient right knee medial meniscectomy is not certified.

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

The request for OP Right Knee Medial Meniscectomy 29881 is overturned. Physiologically, younger patients who have a traumatic injury with catching, popping, and locking should have surgery without physical therapy. This patient qualifies under ODG Guidelines to have surgery without waiting for physical therapy. Therefore, the request for OP Right Knee Medial Meniscectomy 29881 is certified.

ODG:

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).

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)