

# Vanguard MedReview, Inc.

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## Notice of Independent Review Decision

September 25, 2014

### **IRO CASE #:**

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

Right Knee Arthroscopy, outpatient

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

This physician is a Board Certified Orthopedic Surgeon 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.

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

The claimant is a male who was injured on xx/xx/xx. He had a similar injury that was resolved with therapy, bracing, and stretching exercises, but injured the same knee again.

06/27/2013: Progress Note. **HPI:** The patient is a male who presents with a 3 days history of moderate, aching right knee. The current knee symptoms are pain. The patient states that his symptoms developed suddenly and he felt a pull in the upper part of the right knee, with pain going up into the lateral region of the right thigh. **Assessment:** Right Iliotibial band syndrome, right lower limb pain, right lower synovitis and tenosynovitis. **Plan:** Orders: Knee series (complete), TWC 73, Physical Therapy. Instructions: OTC NSAIDs, Home exercise program, Physical Therapy Trial, TWCC form completed and reviewed. Disposition: Return Visit request in/on 3 weeks +/- 2 days.

06/16/2014: Progress Note. **HPI:** The patient is a male who presents for evaluation of an injury to his right knee. The patient injured the knee at work and stepped on an irregular surface. The knee was twisted in an uncertain manner at the time of the injury. The patient reports moderate pain and swelling involving the knee. The discomfort is localized to the medial aspect. It has an aching quality, has been waxing and waning, and has been progressively worsening over time. The pain is worsened by walking, squatting, and pivoting. It is minimally relieved by rest, ice, and NSAIDs. There is no history of giving-way and radiating pain.

**Physical Exam:** Medial joint line tenderness, mild diffuse swelling, no observable deformity or malalignment, no effusion, no crepitance. ROM: decreased Rom secondary to pain, Active Flexion: 90 to 100 degrees, Active Extension: 5 to 10 degrees. Stability: No valgus or varus instability present, grade 2 Lachman with questionable end point, lateral McMurray negative, no click or joint line tenderness present, medial McMurray positive, joint line tenderness present, anterior drawer negative, pivot shift negative Strength: weakness secondary to pain, quadriceps strength 4/5, hamstring muscle strength 4/5 Test and Signs: Medial McMurray's sign positive, Patella Apprehension test negative. Lower Leg: no tenderness Muscle Bulk: normal muscle bulk present. Skin: no erythema or ecchymosis present. Sensation: right lower extremity neurologically intact Reflexes: patellar tendon reflex 2+, ankle reflex 2+. Vascular Exam: no edema, no cyanosis, dorsalis pedis artery pulse 2+, posterior tibial artery pulse 2+. Left Lower Extremity: Thigh: no tenderness, swelling or deformities. Knee: Inspection/Palpation: no tenderness to palpation, no swelling. ROM: Active flexion and extension full and painless, no crepitance. Lower Leg: no tenderness, swelling or deformities. Muscle Bulk: normal muscle bulk present Skin: no erythema or ecchymosis present. Sensation: Left lower extremity neurologically intact. Reflexes: patellar tendon reflex 2+, ankle reflex 2+. Vascular Exam: no edema, no cyanosis, dorsalis pedis artery pulse 2+, posterior tibial artery pulse 2+. Gait and Station: Gait: abnormal gait, limp to affected side. Radiology Results: Right lower leg: AP, lateral and sunrise views of the knee were obtained, no fractures, osteoarthritis, normal bone density, no bony lesions, soft tissue swelling is present, no evidence of prior surgery. **Assessment:** Sprain/Strain of right knee, Pain in joint involving lower leg. **Plan:** TWCC-73, Wrap around knee brace/hinged, MRI Joint Lower Extremity w/o contrast, Knee x-ray 4 V Standing.

07/02/2014: MRI right knee. **Impression:** 1. Moderate joint effusion. There are low signal intensity foci within the popliteus tendon sheath which may represent some loose fragments or bodies in this region. 2. Small undersurface tear in the posterior horn of the medial meniscus. 3. Myxoid degeneration in the substance of the ACL. 4. Intermediate grade chondral loss in the lateral compartment and low-grade chondral loss in the medial compartment with marginal osteophytes. 5. Intact extensor mechanism with arepateller swelling and edema.

07/21/2014: Progress Note. **HPI:** The patient presents today for an evaluation of an injury to his right knee. He was treated for a knee sprain, was given conservative measures with a brace, ice, NSAIDs, and physical therapy. He finished the treatment regimen and was doing well, until about 2 months ago when the pain returned with a gentle twist to the knee. He was evaluated at that

time and he reported on and off pain since the original injury depending on type of activity he was doing at work. He was sent for MRI of the right knee and returns today reporting feeling better, but still having the on and off pain, and would like to review the MRI and obtain recommendations for continuation of care. The patient reports moderate pain and swelling involving the knee. The discomfort is localized to the medial aspect. It has an aching quality, has been waxing and waning and has been non progressive over time. The pain is worsened by walking, squatting, and pivoting. It is minimally relieved by rest, ice, and NSAIDs. **Assessment:** Right Tear of medial cartilage or meniscus of knee, current , Sprain/Strain of right knee, right pain in joint involving lower leg. **Plan:** TWCC-73, Wrap around knee brace/hinged, MRI Joint Lower Extremity w/o contrast, Knee x-ray 4 V Standing, Non-steroidal anti-inflammatory medication and arthroscopic intervention.

07/25/2014: UR. **Requested Service:** Right knee arthroscopy, outpatient. **Rationale for Denial:** The patient had a right knee MRI that showed a small tear. There was a peer review that showed no acute changes except for possible knee effusion. There was moderate chondral loss of the lateral compartment and lesser loss in the medial compartment. This patient had prior knee/thigh pain which resolved over time. Request is denied as submitted.

07/25/2014: Procedure Note. **Injection:** Depo Medrol 40 mg/ml given intra-articular right knee supero-medial port on 7/25/14 at 9:52AM Patient tolerated well. **Assessment:** Right Tear of medial cartilage or meniscus of knee, current, right knee pain, right pain in joint involving lower leg **Plan:** Orders: Depomedrol 40mg, Major Inject joint/Bursa, TWCC-73, Ultrasonic guidance for needle placement, Physical Therapy. Instructions: TWCC completed and reviewed, start physical therapy trial, RTC after completion of physical therapy. Disposition: Return visit request in/on 3 weeks +/- 2 days

08/25/2014: Progress Note. **HPI:** The patient returns today reporting minimal improvement if any at all in the mechanical symptoms of popping and catching, overall the pain has decreased approx 30%. He has finished approx 75% of the therapy, and did report the cortisone was helpful for about three weeks only. The patient reports moderate pain and swelling involving the knee. The discomfort is localized to the medial aspect. It has an aching quality , has been waxing and waning, and has been nonprogressive over time. The pain is worsened by walking, squatting, and pivoting. It is minimally relieved by rest, ice and NSAIDs. The patient also reports popping and catching in the knee with certain activities, and a feeling of weakness and instability. He is wearing the brace at work, but does not feel comfortable to remove the brace. **Physical Exam:** Medial joint line tenderness, mild diffuse swelling, no observable deformity or malalignment, no effusion, no crepitance. ROM: decreased Rom secondary to pain, Active Flexion: 90 to 100 degrees, Active Extension: 5 to 10 degrees. Stability: No valgus or varus instability present, grade 2 Lachman with questionable end point, lateral McMurray negative, no click or joint line tenderness present, medial McMurray positive, joint line tenderness present, anterior drawer negative, pivot shift negative Strength: weakness secondary to pain, quadriceps strength 4/5, hamstring muscle strength 4/5 Test and Signs: Medial McMurray's sign positive,

Patella Apprehension test negative. Lower Leg: no tenderness Muscle Bulk: normal muscle bulk present. Skin: no erythema or ecchymosis present. Sensation: right lower extremity neurologically intact Reflexes: patellar tendon reflex 2+, ankle reflex 2+. Vascular Exam: no edema, no cyanosis, dorsalis pedis artery pulse 2+, posterior tibial artery pulse 2+. Left Lower Extremity: Thigh: no tenderness, swelling or deformities. Knee: Inspection/Palpation: no tenderness to palpation, no swelling. ROM: Active flexion and extension full and painless, no crepitance. Lower Leg: no tenderness, swelling or deformities. Muscle Bulk: normal muscle bulk present Skin: no erythema or ecchymosis present. Sensation: Left lower extremity neurologically intact. Reflexes: patellar tendon reflex 2+, ankle reflex 2+. Vascular Exam: no edema, no cyanosis, dorsalis pedis artery pulse 2+, posterior tibial artery pulse 2+. Gait and Station: Gait: abnormal gait, limp to affected side. **Plan:** Will refer for surgical interventions of arthroscopy to the knee for repair of the medial meniscus tear.

09/08/2014: UR. **Rationale for Denial:** The request for reconsideration for referral for right knee arthroscopy (outpatient) is not medically necessary. The basis for denial of the previous request was not provided in the documentation submitted for review. It was reported that the patient was placed back in physical therapy following the exacerbation; however, there were no physical therapy notes provided for review indicating the amount of physical therapy visits that the patient had completed to date or the progression/regression through the second regimen of physical therapy treatment. No information was submitted indicating the patient is actively participating in a home exercise program. Given the clinical documentation submitted for review, medical necessity of the request for reconsideration for referral for right knee arthroscopy (outpatient) has not been established. Recommend non-certification.

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

The previous adverse determinations are upheld. The records do not show a course of conservative care. There are no records indicating a recent knee exam and records do not meet the guidelines for arthroscopic knee surgery. The description of the initial injury does not describe an internal knee injury. For these reasons, Right Knee Arthroscopy, outpatient is not medically necessary at this time and should be denied.

Per ODG:

Definition: An arthroscope is a tool like a camera that allows the physician to see the inside of a joint, and the surgeon is sometimes able to perform surgery through an arthroscope, which makes recovery faster and easier. For the Knee, See [Arthroscopic surgery for osteoarthritis](#); [Meniscectomy](#); & [Diagnostic arthroscopy](#).

#### **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](#))

**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)