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Notice of Independent Review Decision

Date notice sent to all parties: 10/14/14

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Left knee arthroscopy with partial meniscectomy and chondroplasty

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

Board Certified in Orthopedic Surgery

REVIEW OUTCOME:

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

X Upheld (Agree)

☐ Overturned (Disagree)

☐ Partially Overturned (Agree in part/Disagree in part)

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

Left knee arthroscopy with partial meniscectomy and chondroplasty - Upheld

The Official Disability Guidelines (ODG) were not provided by the carrier or the URA

PATIENT CLINICAL HISTORY [SUMMARY]:

evaluated the patient on 06/20/14. It was noted he had received previous knee surgery on 12/21/04, but the knee was not specified as to right or left. He had left knee pain and his problems were localized, primary osteoarthritis of the shoulder

region, chondromalacia of the patella, knee pain, chondromalacia, and tears of the medial and lateral cartilage and/or meniscus of the knee. He had a past medical history for diabetes, hypertension, and sleep apnea. He was five feet nine inches tall and weighed 232 pounds. He noted he was able to walk 10 minutes before he had severe knee pain and he noted the knee would sometimes swell. He denied popping, grinding, locking, giving way, or stiffness. He was injured on xx/xx/xx when he slipped. He twisted his left knee when he slipped and had sudden pain along the inner aspect. He had left knee range of motion from 0 to 120 degrees. There was effusion with no crepitance and there was tenderness directly over the medial joint line and there was a negative patellar grind with McMurray's. Lachman's and anterior and posterior drawer testing were negative. The knee was stable to varus and valgus stress testing. X-rays of the left knee revealed six degrees of valgus alignment and maintenance of the tibiofemoral joint spaces. There were osteophytes along the superior and inferior patella with posterior calcification noted. The assessment was a left knee meniscal tear and an MRI was recommended. A left knee MRI was obtained on 07/07/14. There was a loss of substance of the posterior horn and body of the medial meniscus and there was evidence of surfacing signal and tear of the medial meniscus. There was a moderate volume knee effusion present and there was no intrarticular body noted and the lateral meniscus was intact. The cruciate and collateral ligaments were normal. There were low grade chondral changes noted in all three compartments of the knee and no full thickness chondral defect was identified. On 07/25/14, reevaluated the patient. The MRI was reviewed and noted to be consistent with a meniscal tear. It was noted he did not have prior knee surgery and the low grade chondral changes were also noted. The patient continued to be symptomatic and had been protecting the knee and was reasonably comfortable walking straight. However, when he twisted or turned, he had pain. Arthroscopy of the left knee with partial meniscectomy and chondroplasty was recommended. He would remain on regular duty as before. On 08/04/14, provided a preauthorization request for the requested left knee arthroscopy with partial meniscectomy and chondroplasty. On 08/07/14 an orthopedic surgeon, provided an adverse determination for the requested arthroscopic procedure. On 09/12/14, also an orthopedic surgeon, provided another adverse determination for the requested arthroscopic procedure. The patient returned on 09/19/14. He noted there was an error in the denial, as his previous surgery was to the right knee and not the left knee. He had been using Aleve and doing home exercises without improvement. He had tenderness of the medial joint line, a positive McMurray's, and positive anterior and posterior drawer testing. Lachman's was negative and there was pain with varus and valgus stress testing. The impression was medial meniscal tear of the left knee with early degenerative joint disease. An intrarticular steroid injection was performed at that time into the left knee and he was referred for physical therapy. It was noted he could still use Aleve and if he continued to be symptomatic, would recommend an arthroscopy of the left knee despite the carrier's denial. The patient wrote an undated letter, disagreeing with the denials for his left knee surgery. He noted he had ongoing symptoms of pain, limitation of motion, instability, and positional

locking of the knee. The patient felt there was no basis for the decision that the procedure was not approved.

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

The patient is a male who sustained a twisting injury to his left knee when his left lower extremity slipped. Physical examination of 06/20/14, documented an effusion, but range of motion from 0 degrees to 120 degrees. Both plain films and subsequent MRI scan documented preexisting degenerative changes, as well as a medial meniscal tear. Past medical history was notable for shoulder and hip replacement surgery in 2012. The patient was also reported to be working full duty and the initial documentation did not report any mechanical symptoms.

The requested procedure was denied upon initial review orthopedic surgeon, on 08/07/14. His denial was upheld on reconsideration/appeal also an orthopedic surgeon. Both reviewers cited the evidence based ODG as the basis of their opinions. Review of the available medical documentation did not show any evidence of physical therapy being provided or performance of an intrarticular steroid injection prior to the injection performed on 09/19/14.

The ODG does not recommend arthroscopic surgery for osteoarthritis. Arthroscopic lavage and debridement in patients with osteoarthritis of the knee is no better than placebo surgery and arthroscopic surgery provides no additional benefit compared to optimized physical and medical therapy (Kirkley 2008) (Marcus 2002) (Moseley 2002). In the meniscal tear and osteoarthritis research trial, there were similar outcomes from physical therapy versus surgery (Katz 2013). In this randomized controlled study, arthroscopic surgery was not superior to supervised exercise alone after non-traumatic degenerative medial meniscal tears in older patients (Herrlin 2007). Another systematic review concluded that arthroscopic surgery for degenerative meniscal tears and mild or no osteoarthritis provided no benefit when compared with non-operative management (Kahn 2014). In addition, meniscectomy is not recommended for osteoarthritis in the absence of meniscal findings or in older patients with degenerative tears until after a trial of physical therapy/exercise (Kirkley 2008) (Kahn 2014). Arthroscopy and meniscus surgery will not be as beneficial for older patients who are exhibiting signs of degenerative changes possibly indicating osteoarthritis and meniscectomy will not improve the osteoarthritis. Arthroscopic debridement of meniscus tears in knees with low-grade osteoarthritis may have some utility, but it should be used as a routine treatment for all patients with knee osteoarthritis (Siparsky 2007). Asymptomatic meniscal tears are common in older adults, based on studying MRI scans of the right knee of 991 randomly selected ambulatory patients. Incidental meniscal findings on MRI scan of the knee are common in the general population and increase with increasing age. Identifying a tear in a person with knee pain does not mean that the tear is the cause of the pain (Anglin 2008). AHRQ Comparative Effectiveness Research concluded that arthroscopic lavage for osteoarthritis with or without debridement does not

improve pain and function for people with osteoarthritis of the knee (AHRQ 2011). In older patients with degenerative tears and symptoms caused by osteoarthritis, physical therapy/exercise may be an appropriate first option and it may be possible to reserve surgery for those who do not benefit from physical therapy alone. A high-quality randomized controlled study for meniscal tear and osteoarthritis research trial found similar outcomes from physical therapy versus surgery for meniscal tears in older patients.

Chondroplasty is not recommended as a primary treatment for osteoarthritis, as arthroscopic surgery for knee osteoarthritis offers no added benefit to optimized physical therapy and medical treatment (Kirkley 2008).

The patient was noted on 09/19/14 to have been recommended for a physical therapy plan and received a steroid injection. The medical documentation reviewed does not report the patient's response to either the physical therapy or the injection. In addition, chondroplasty offers no added benefit, as described above, to optimized physical therapy and medical treatment. Therefore, the requested left knee arthroscopy with partial meniscectomy and chondroplasty is not medically reasonable, reasonable, related, or supported by the evidence based ODG and the previous adverse determinations should be upheld at this time.

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**
- X **MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- ☐ **MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**
- ☐ **MILLIMAN CARE GUIDELINES**
- X **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)**