

ReviewTex. Inc.
1818 Mountjoy Drive
San Antonio, TX 78232
(phone) 210-598-9381 (fax) 210-598-9382
reviewtex@hotmail.com

Notice of Independent Review Decision

Date notice sent to all parties:

September 3, 2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Reconsideration for outpatient surgery for right knee partial medial meniscectomy/partial lateral meniscectomy 29880

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

Board Certified Orthopedic Surgeon (Joint)

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 patient is a female who reported an injury to her right knee. The MRI of the right knee dated 05/09/14 revealed medial and lateral meniscal tears. A partial tear was also identified at the ACL. Patellofemoral degeneration with grade 4 chondromalacia was also revealed along with joint effusion. The clinical note dated 05/19/14 indicates the initial injury occurred on xx/xx/xx. The documentation indicates the patient having complaints of ongoing right knee pain. Upon exam the patient was identified as having positive McMurray's sign. The patient was able to demonstrate 0 to 90 degrees of range of motion at the right knee. The clinical note dated 06/11/14 indicates the patient complaining of night time pain when rolling over. The patient also complained of persistent pain with ADLs. The clinical note

dated 08/11/14 indicates the patient continuing with right knee pain. The patient was recommended for surgical intervention to include lateral and medial meniscectomy. The utilization review dated 06/03/14 resulted in a denial as no information has been submitted confirming the completion of nonoperative treatment. The utilization review dated 07/09/14 resulted in a denial as no conservative treatments were listed in the submitted documentation.

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

The documentation indicates the patient complaining of right knee pain with associated range of motion deficits. A meniscectomy is indicated for patients who have completed all conservative care as well as the use of activity modification. There is an indication the patient has a positive McMurray's sign as well as range of motion deficits. Additionally, the imaging studies do confirm both a medial and lateral meniscal tear. Therefore, it would be reasonable to surmise the patient would likely benefit from the proposed surgical treatment. However, no information was submitted regarding the patient's completion of any formal therapeutic interventions addressing the right knee complaints. Therefore, this request is not fully indicated for this patient at this time. As such, it is the opinion of the reviewer that the request for a partial medial meniscectomy and partial lateral meniscectomy is not recommended as medically necessary.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

Meniscectomy

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).