

**I-Resolutions Inc.**  
An Independent Review Organization  
3616 Far West Blvd Ste 117-501  
Austin, TX 78731  
Phone: (512) 782-4415  
Fax: (512) 233-5110  
Email: manager@i-resolutions.com

**DATE NOTICE SENT TO ALL PARTIES:** Jun/12/2015

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:** left knee arthroscopy, medial meniscectomy, surgical assistant

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:** M.D., Board Certified Orthopedic Surgery

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

- 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 health care service in dispute.** It is the opinion of this reviewer that the request for a left knee arthroscopy, medial meniscectomy with a surgical assistant is not medically necessary

**PATIENT CLINICAL HISTORY [SUMMARY]:** is a male. On 12/29/14, the patient was taken to surgery for left knee derangement, and he underwent a left knee arthroscopy with partial medial and lateral meniscectomies. On 02/06/15, an MRI of the left knee was obtained revealing high grade articular cartilage loss in the patella femoral compartment with lateral patellar tilt, and in the medial compartment there was joint space narrowing and osteophyte formation consistent with osteoarthritis. There remained a defect in the body of the medial meniscus. There was a new area of abnormal linear signal extending from the free margin to the substance of the posterior horn of the medial meniscus. It was noted this would be suspicious for a recurrent tear. The anterior cruciate ligament was slightly thickened but the fibers appeared to be intact representing degeneration of the ACL. The lateral meniscus was grossly intact and the posterior cruciate ligament was intact. The extensor mechanism was intact.

On 04/15/15, the patient was seen and it was noted he had completed physical therapy and stated he still had pain with popping and giving way. On exam, he stood 72 inches tall and weighed 344 lbs. It was noted the MRI arthrogram showed a recurrent tear. On exam there was a trace effusion with diffused soft tissue swelling and there was medial joint line tenderness present. There was also lateral joint line tenderness present with a positive McMurray's. Range of motion was limited secondary to pain and he did have a positive 2+ anterior drawer test.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:** On 04/20/15, a utilization review report was submitted for the requested service of a left knee arthroscopy, medial meniscectomy, and surgical assistant. It was noted that the patient had previously undergone a similar procedure, and that he had arthritis of the knee, and the requested procedure was not supported due to that arthritis and lack of improvement from the similar procedure. The request was non-certified. On 05/11/15, a utilization review request for an appeal for a left knee arthroscopy, medial meniscectomy with a surgical assistant noted that arthroscopy in an obese osteoarthritic

individual would likely be low yield especially in an individual in whom it was just recently performed and therefore the previous determination of a redo arthroscopy with a medial meniscectomy and surgical assistant was not considered medically necessary.

For this review, the MRI was submitted for the left knee. It does show that there is a high grade articular cartilage loss in the patella femoral compartment with a lateral left tilt, and there is medial joint line compartment narrowing and osteophytic formation, consistent with osteoarthritis as per the reading radiologist. There remained a defect in the body of the medial meniscus with a new possible area of linear signal extending from the free margin into the substance of the posterior horn of the medial meniscus. It was noted this was suspicious for a recurrent tear. The patient had previously undergone an arthroscopy of the left knee on 12/29/14 at which time it was noted there was a complex tear of the posterior horn of the medial meniscus which was debrided. The 04/15/15 progress note indicates the patient stands 72 inches tall and weighed 344 lbs. The patient is an obese individual with previous attempt at a left knee arthroscopy which still produced pain and range of motion limited due to that pain even after undergoing conservative care in the form of physical therapy. The guidelines state that arthroscopic surgery for osteoarthritis is not recommended as debridement in patients with osteoarthritis of the knee is no better than placebo surgery and provides no additional benefit compared to optimized physical and medical therapy. Therefore, it is the opinion of this reviewer that the request for a left knee arthroscopy, medial meniscectomy with a surgical assistant is not medically necessary and the prior denials are upheld.

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

ACOEM-AMERICA 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)