

INDEPENDENT REVIEWERS OF TEXAS, INC.

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[Date notice sent to all parties]:

7/14/2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: Left knee arthroscopy w meniscectomy medical 29881 and w meniscus repair 29883

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

Board Certified Orthopedic Surgery

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 left knee on xx/xx/xx as a result of a fall. The clinical note dated 03/10/15 indicates the patient complaining of persistent left knee pain. The patient reported changing positions and prolonged standing are exacerbating her pain level. The note indicates the patient showing no significant swelling. No ecchymosis was identified. No atrophy was revealed. The note indicates the patient able to demonstrate 0-135 degrees of range of motion at the left knee at that time. The MRI of the left knee dated 03/20/15 revealed grade 4 chondromalacia at the medial facet and apex of the patella. The lateral and medial menisci were identified as being intact with no evidence of a tear. The therapy note dated 03/26/15 indicates the patient having completed 9 physical therapy sessions to date. The clinical note dated 04/01/15 indicates the patient continuing with left knee complaints. No range of motion deficits were identified. The clinical note dated 04/21/15 indicates the patient utilizing non-steroidal medications which did

provide 25% reduction in pain. The patient did report a slight improvement following a full course of conservative therapy. The clinical note dated 05/27/15 indicates the patient being recommended for a left knee meniscectomy.

The utilization reviews dated 04/27/15 and 06/18/15 resulted in denials as insufficient information had been submitted confirming the patient's meniscal tear by imaging studies.

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

The documentation indicates the patient complaining of ongoing left knee pain. A meniscectomy is indicated provided the patient meets specific criteria to include imaging studies confirming the patient's meniscal tear. The submitted MRI revealed no meniscal involvement. There is an indication the patient has grade 4 chondromalacia at the left knee. However, given that no information was submitted confirming the patient's meniscal tear by imaging studies, this request is not indicated. As such, it is the opinion of this reviewer that the request for a left knee arthroscopy with a meniscectomy, 29881 with a meniscus repair, 29883 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).