AccuReview

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[Date notice sent to all parties]: June 27, 2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Left Knee Arthroscopy

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

This physician is Board Certified in Orthopedic Surgery with over 14 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 female whom was injured while on the job on xx/xx/xx when she slipped accidentally causing her to fall onto her left knee.

04-07-15: Office Visit dictated. CC: left knee pain, s/p 4/1/15 she slipped and fell from standing at work, landing on her left knee, evaluated at ER and given Tramadol which has not helped, pain 8/10 and not able to work currently. Complaint of knee pain symptoms are located in the left medial knee and left anterior knee, onset sudden immediately after injury. Pain is unchanged and includes swelling, pain exacerbated by knee extension. PE: Left Knee: ecchymosis and swelling, but no erythema. Tenderness diffuse medial knee. Extension is painful, restricted AROM. Positive medial McMurray test. Assessment: Contusion of knee, left 924.11. Plan: start on Etodolac 500 mg BID, knee-form fit hinged knee, x-ray left knee, and PT referral.

04-07-15: Left Knee X-Ray, Three Views dictated. Impression: 1. No acute bone injury or fracture. 2. Mild arthritic changes with joint space narrowing and

the small medial femoral condyle osteophyte. 3. Small left knee effusion suspected.

04-07-15: Physician Work Activity Status Report. Modified acitivity: return to work on 4/7/15 with the following restrictions: no squatting and/or kneeling, may stand frequently up to 6 hrs/day, may walk frequently up to 6 hrs/day, wear splint LLE frequently up to 8 hrs/day, and may not walk on uneven terrain.

04-14-15: Transcription. CC: left knee pain 6-7/10, wearing brace and working light duty. PE: Left Knee: swelling, tenderness diffuse medial knee, unable to completely straighten leg from knee. Assessment: Contusion on knee, left 924.11, knee sprain 844.91. Plan: MRI left knee without contrast, start Tylenol #3.

04-14-15: Physician Work Activity Status Report. Modified acitivity: return to work on 4/14/15 with the following restrictions: no squatting and/or kneeling, may bend occasionally up to 3hrs/day, may stand occasionally up to 3 hrs/day, may walk occasionally up to 3 hrs/day, medication may cause drowsiness, no climbing stairs, no climbing ladders.

04-18-15: MRI Left Knee. Impression: 1. No acute fracture or contusion. 2. Severe degenerative changes in the lateral compartment of the knee in moderate patellofemoral chondromalacia. Moderate joint effusion with moderate synovitis. 3. Maceration, degeneration and tearing of the anterior body and anterior horn of the lateral meniscus.

04-21-15: Transcription. CC: left knee pain. Claimant is not able to follow restrictions having to stand 6 hours at a time with 30 minute break. She complained of swelling and pain 5/10 with medication. Last PT session 4/15/15 and doing HEP. PE: Left Knee: tenderness diffuse anterolateral aspect and diffuse anteromedial aspect. Pain with movement. Assessment: contusion of knee, left 924.11, tear of lateral meniscus of left knee 836.1. Plan: orthopedic referral.

05-04-15: Letter of Medical Necessity. Conclusion: The claimant is a female who slipped and fell onto her left knee at work. She has undergone PT and an MRI of the knee. This does show joint effusion and synovitis with some tearing of the lateral meniscus of the knee which is consistent with her mechanism of injury.

05-05-15: Transcription. CC: left knee injury. PE: Musculoskeletal: She ambulates on her left lower extremity with an antalgic gait. There is mild genu valgum. Left knee has a moderate effusion. The skin is intact. There is lateral joint line tenderness. She lacks a few degrees of full active extension with flexion to 130 degrees. Any attempts of further flexion causes pain laterally. McMurray test causes pain and popping laterally. Plan: Claimant is clearly not responding to non-operative care, we discussed left knee arthroscopy with treatment of intraarticular pathology as needed. Will schedule surgery as soon as possible, in meantime will continue with medications, work restrictions and HEP.

05-12-15: UR. Reason for denial: Applicable clinical practice guidelines generally support arthroscopic surgical treatment for meniscus tears that are the primary cause of mechanical knee symptoms but guidelines specifically do not recommend arthroscopic treatment when symptoms are due primarily to arthritis of the knee, and in older individuals with both arthritis and meniscus tears guidelines reserve surgery for persistent meniscus symptoms after a trial of 2 months of rehabilitative exercises including supervised PT and home exercises. This xx-year-old claimant slipped and twisted her left knee less than 1-1/2 months ago, and she has evidence of significant arthritis in the lateral meniscus, and it is not clear that her symptoms are due to a meniscus tear rather than to the arthritis in her knee but she has not had been time to participate in 2 months of rehabilitative exercises following her occupational incident only 6 weeks ago, and there is no report of a true IME that includes written support for arthroscopic treatment of her knee at this time, so the medical necessity for proceeding with arthroscopic treatment of the left knee is not clearly established after speaking with the treating physician's representative by phone.

06-04-15: UR. Reason for denial: The initial request was denied by reviewer indicated that this xx-year-old claimant slipped and twisted her left knee less than 1-1/2 months ago, and has evidence of significant arthritis in the lateral compartment and other areas of the knee as well as degeneration and maceration and tearing of the lateral meniscus. It was not clear that the symptoms were due to a meniscus tear rather than to the arthritis in the knee, but the claimant had not had time to participate in 2 months of rehabilitative exercises following the occupational incident only 6 weeks prior. ODG Knee and Leg outlines the criteria for meniscal surgery which includes a trial of conservative care. In this case, the claimant has signs and symptoms of a meniscal tear and submitted MRI also revealed an established maceration, degeneration, and tearing of the anterior horn of the lateral meniscus. However, there is no evidence that the claimant has had a trial of conservative care that has included exercise/PT to address the knee symptoms. Therefore, a criterion for surgery has not been met. Recommend non-certification.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:
The previous adverse determination are upheld and agreed upon. The claimant does not require a knee arthroscopy. The recent knee MRI demonstrated a lateral meniscus tear in the setting of severe degenerative changes in the lateral compartment. Arthroscopy with partial meniscectomy will provide little improvement in the condition this patient's knee. The advanced knee arthritis will always be a source of pain for her. Even if the claimant's meniscal tear is addressed arthroscopically, she will continue to have significant knee pain associated with the arthritis. Most patients with this degree of osteoarthritis report no improvement following arthroscopy to address a meniscal tear. Therefore, after reviewing the medical records and documentation provided, the request for Left Knee Arthroscopy is not medically necessary or recommended.

Per ODG:

Diagnostic arthroscopy	**ODG Indications for Surgery™ -- Diagnostic arthroscopy:** **Criteria** for diagnostic arthroscopy: **1. Conservative Care:** Medications. OR Physical therapy. PLUS **2. Subjective Clinical Findings:** Pain and functional limitations continue despite conservative care. PLUS **3. Imaging Clinical Findings:** Imaging is inconclusive. (Washington, 2003) (Lee, 2004) For average hospital LOS if criteria are met, see Hospital length of stay (LOS).

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)**