

CASEREVIEW

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[Date notice sent to all parties]: June 1, 2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Right Knee Arthroscopy with Partial Medial Meniscectomy Outpatient to include CPT Code 29881

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

This physician is a Board Certified Orthopedic Surgeon with over 13 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 male who was injured on xx/xx/xx while lifting. He reported he felt something pop in his knee.

On March 30, 2015, the claimant presented with right knee pain and decreased ROM. He reported his symptoms were moderate and the pain was described as aching and that the symptoms occur with activity. On examination, ROM was normal and pain free. Effusion and swelling was negative. There was tenderness over the medial patella, negative for crepitation. Lachman's, McMurray's, Anterior drawer and Valgus/Vargus tests were all negative. X-ray of the right knee was normal. Assessment: Pain in limb. Plan: MRI to rule out a medial meniscus tear and take NSAIDs as needed.

On April 21, 2015, MRI Right Knee, Impression: 1. Small oblique tear of the medial meniscus. 2. Otherwise intact visible internal aspects of the right knee elsewhere.

On April 23, 2015, the claimant presented for follow-up. On examination ROM was still normal and pain free. Only positive finding on exam was tenderness medially. Assessment: Acute medial meniscus tear. Plan: Continuing to live with the pain or a right knee scope pmm was discussed. Claimant decided to proceed with scope.

On April 28, 2015, UR. Rationale for Denial: Meniscectomy would be indicated after failure of lower levels of care when there are complaints of joint pain or swelling or mechanical symptoms. There was no documentation of conservative care, NSAIDs had been recommended however there was no documentation of failure of physical therapy, a home exercise program, activity modification, or knee support. Joint pain and reduced range of motion were noted however there was no documentation of complaints of swelling or mechanical symptoms. There should be a positive McMurray's sign, joint line tenderness, effusion, limited range of motion, locking, clicking, popping, or crepitus. The initial evaluation documented a negative McMurray's sign. Joint line tenderness was noted on the most recent physical examination however there was no documentation of objective limited range of motion. There was no documentation of locking, clicking, popping, or crepitus. The request for a right knee arthroscopy with partial medial meniscectomy is not certified.

On May 6, 2015, UR. Rationale for Denial: The previous noncertification is supported. According to Official Disability Guidelines, meniscectomy is indicated when meniscal tear is demonstrated on MRI after there has been failure of exercise or physical therapy, medication, activity modification, and use of supporting devices of the knee. The provided medical records have not documented failure of any conservative treatment. It was noted only that nonsteroidal anti-inflammatory medications had been recommended. There was no documentation of subjective complaints of instability or mechanical symptoms or swelling. There was no documentation of objective clinical findings in the form of positive McMurray's sign, joint line tenderness, crepitus, limited range of motion, locking, clicking, popping, or crepitus. Based on these factors, the request is not supported. The reconsideration request for outpatient surgery with right knee arthroscopy with partial medial meniscectomy is not certified.

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

Right knee arthroscopy with partial medial meniscectomy (CPT 29881) is not recommended for the patient.

The Official Disability Guidelines support knee arthroscopy with partial meniscectomy in the setting of a meniscal tear identified on MRI in the patient who has failed conservative care, has at least two subjective clinical findings and has at least two objective clinical findings.

The patient's subjective complaints are unclear. He has not completed a course of conservative care for the meniscal tear. His only positive finding on examination is medial tenderness. There is no documentation of a positive McMurray's sign, limitation in joint motion, or effusion.

The documentation reviewed does not support the medical necessity for right knee arthroscopy with partial meniscectomy in this patient.

PER ODG:

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).

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).

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)**