

Becket Systems

An Independent Review Organization

815-A Brazos St #499

Austin, TX 78701

Phone: (512) 553-0360

Fax: (207) 470-1075

Email: manager@becketystems.com

DATE NOTICE SENT TO ALL PARTIES: May/13/2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: right knee diagnostic arthroscopy to include CPT code 29880 - meniscectomy

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. The requested right knee diagnostic arthroscopy to include CPT code 29880 – meniscectomy is medically necessary for the right knee diagnostic arthroscopy only. Meniscectomy is not medically necessary.

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a female who was injured on xx/xx/xx when she fell landing on her knees which resulted in pain. The patient was treated for persistent right knee pain with injections. The patient was evaluated for physical therapy in September of 2014. The patient continued with physical therapy through 11/24/14 with persistent complaints of right knee pain. The therapy assessment noted continuing loss of range of motion in the right knee on flexion to 100 degrees. There was continued mild weakness and effusion. The patient was discharged from physical therapy due to lack of progress in December of 2014. MRI studies of the right knee dated 05/01/14 did note degenerative signal within the posterior body and horn of the medial meniscus without evidence of a tear. No significant joint effusion was noted. There were mild signal changes evident in the medial distal quadriceps tendon. Mild joint line osteophytes were noted with tricompartmental osteoarthritic changes. No clear evidence of a tear was noted on the study involving the menisci. There was some tendinopathy at the medial quadriceps tendon. The patient was followed by for persistent right knee complaints. The 03/11/15 evaluation noted continuing medial joint line tenderness present as well as lateral joint line tenderness with a positive McMurray's sign. There was limited range of motion of the right knee due to pain with trace effusion.

The requested right knee diagnostic arthroscopy to include a meniscectomy was denied by utilization review on 03/27/15 as continued functional limitations were not documented and imaging was inconclusive. It was possible that the source of the patient's continued right knee pain was osteoarthritis. A peer-to-peer conversation did not provide any further information to support the request.

The surgical request was again denied on 04/14/15 as there was no indication of significant functional limitations documented and imaging was not inconclusive.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: The patient has had persistent

complaints of right knee pain with loss of range of motion since the date of injury. This had not improved with physical therapy through December of 2014 or injections. The patient's most recent physical examination findings did note medial and lateral joint line tenderness with positive McMurray's signs. The 03/11/15 report by did note continuing popping, clicking, and locking of the right knee. Medications did include multiple anti-inflammatories without relief. MRI studies of the right knee did note degenerative signal within the medial meniscus without evidence of tearing. In this reviewer's opinion, this is a non-diagnostic finding. The patient's physical examination findings indicate possible meniscal tears in both the medial and lateral menisci. Given the failure of conservative treatment and the patient's ongoing symptoms as well as physical examination findings, a diagnostic arthroscopy would be medically appropriate per Official Disability Guidelines recommendations. As the submitted request includes a meniscectomy, 29880 which is not indicated due to the lack of imaging evidence regarding a clear meniscal tear, this reviewer would recommend that the requested diagnostic arthroscopy only is medically necessary. It is this reviewer's opinion that the medical records do not support the specific request for a meniscectomy, 29880 as medically necessary and the prior denial for this specific procedure remains upheld. In conclusion the requested right knee diagnostic arthroscopy to include CPT code 29880 – meniscectomy is medically necessary for the right knee diagnostic arthroscopy only. Meniscectomy is not medically necessary.

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)