

Vanguard MedReview, Inc.

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September 7, 2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Arthroscopic Debridement/PMM and PFC with assistant surgeon, outpatient surgery, to include CPT codes 29881, 29877 of right knee

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

This reviewer 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 doing a strength training class on where he did a lot of jumping and squatting and he injured his right knee.

06/29/2015: MRI Right Knee without contrast interpreted by. **Impression:** 1. Tear involving the posterior horn of the medial meniscus. 2. Right knee joint effusion. 3. Baker's cyst in the right popliteal fossa.

07/06/2015: Office Visit. **HPI:** Patient presents for evaluation of right knee. He describes the pain as constant. The patient states that the pain is moderate. The pain has been present 1 month. The pain occurs mainly with squatting, running, and jumping. He reports no swelling or instability. The patient has tried no conservative treatment. MRI is available, reviewed and reveals: posterior horn medial meniscal tear. He also has little bit of lateral patellar tilt and some patellofemoral chondromalacia. **Physical Exam:** Right Lower Extremity: Knee: Inspection/palpation: medial joint line tenderness, no effusion, no crepitance. ROM: His exam today significant for full extension of both knees. He does flex to the 120° on the right. Stability: He has no varus or valgus laxity. He has a negative Lachman's, negative anterior drawer, and negative posterior drawer. Strength: weakness secondary to pain. He has a markedly positive varus load test. Reflexes: patellar tendon reflex 2+, ankle reflex 2+. Vascular Exam: dorsalis pedis artery pulse 2+, posterior tibial artery pulse 2+, capillary refill normal. **Radiology:** X-rays were obtained today and he does have some early medial compartment wear in both knees. He has more significant wear in the left knee. **Assessment:** Right Chondromalacia patella, Right medial meniscus Tear. **Plan:**

We discussed arthroscopic partial medial meniscectomy and possible chondroplasty. We discussed the procedure, risks, benefits as well as postoperative course. Schedule for surgery.

07/09/2015: UR. **Rationale for Denial:** The claimant is a female who was injured on, when performing a strength training class, doing a lot of jumping and squatting. The claimant was diagnosed with chondromalacia patella and medial meniscus tear of the right knee. An MRI of the right knee on June 29, 2015 noted the claimant had right knee pain. The records state the claimant has undergone no conservative treatment. The physical examination of the right knee demonstrated 5/5 motor strength. The claimant had full extension. Flexion was 120 degrees on the right. There was no varus or valgus instability. Lachman's, anterior drawer, and posterior drawer were negative. Weakness was noted secondary to pain in the knee. There was a markedly positive varus load test. Medial joint line tenderness was noted. There was no effusion and no crepitus. The guidelines state there must be documentation that conservative care has been completed, and the claimant has not undergone any conservative treatment. There must be a chondral defect identified on MRI, and the claimant's MRI did not demonstrate this. The request for arthroscopic debridement, partial medial meniscectomy and PFC, with assistant surgery, an outpatient surgery of the right knee is not certified.

08/07/2015: UR. **Rational for Denial:** This is a non-certification of a request for reconsideration of an arthroscopic debridement, PMM and PFC with assistant surgeon. The previous non certification by on July 8, 2015, was due to lack of documentation of lower levels of care and lack of appropriate MRI findings. The previous non-certification is supported. Additional records were not submitted. There must be documentation of lower levels of care. There is no indication of any type of lower levels of care. There was no chondral defect noted on MRI as would be required. The request for reconsideration of an arthroscopic debridement, PMM and PFC with assistant surgeon is not certified.

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

The requested Arthroscopic Debridement/PMM and PFC with assistant surgeon, outpatient surgery, to include CPT codes 29881, 29877 of right knee is denied. The patient is currently dealing with right knee pain associated with an injury that occurred during a strength training class. He has medial joint line tenderness on examination of the knee, which correlates with the medial meniscal tear identified on MRI. The Official Disability Guidelines (ODG) supports arthroscopic partial meniscectomy for patients with subjective and objective clinical findings that correlate with a meniscal tear on MRI of the knee. The patient can be considered for surgery only after a course of conservative care has been completed. Conservative care includes physical therapy, medication, activity modification, and bracing. This patient has not had any conservative care for his knee injury. He does not meet the ODG criteria for partial meniscectomy of the knee. The patient is not a surgical candidate based on the records reviewed.

Per ODG:

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)**