

Health Decisions, Inc.

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May 30, 2016

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: Right Knee Arthroscopic Partial Meniscectomy vs. Meniscus Repair and other indicated procedures

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: American Board Certified Physician of Orthopedic Surgery with over 17 years' 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]:

XX is a xxxxxxx and sustained an injury on XX/XX/XX. The exact injury is not stated. There was a diagnosis of Right knee medial meniscus tear and arthroscopic partial meniscectomy was recommended. The request is for Right Knee Arthroscopic Partial Meniscectomy vs. Meniscus Repair and other indicated procedures.

XX/XX/XX: Office Note: XX presents today for follow up of MRI study. He originally hurt his right knee about a month and a half ago when he started a new fitness program. He noticed pain on the medial aspect of his knee. It is exacerbated by flexion and weight bearing it has gotten particularly worse over the last few weeks. On Exam the right lower extremity shows tenderness to palpation at the medial joint line. He has knee range of motion from 0-120 degrees with pain upon hyperflexion. His pain is exacerbated by McMurray's testing and flexion circumduction. His knee is stable to varus and valgus stress at 0-30 degrees, stable with anterior and posterior stress but negative Lachman. He has sensation intact to light touch in DP, SP, and tibial nerve distributions. MRI shows a complex medial meniscus test with incarceration of a fragment in the medial gutter. It extends from the posterior horn anteriorly. He has some osteoarthritic changes in the patellofemoral joint. He has some loose bodies intraarticular on MRI. Discussed with patient surgery options and risks.

XX/XX/XX: Procedure note: Procedure Right Knee Arthroscopic Partial Meniscectomy vs Meniscus Repair and other indicated procedures.

XX/XX/XX: Office Note: Upon further clarification with XX the mechanism of the right knee injury documented on clinic encounter dated XX/XX/XX was found to be inaccurate. He originally hurt his right knee while servicing an X on the job. He hurt his knee while working. The pain since then has gotten progressively worse and he has had difficulty when he tries to run. Subsequent imaging and investigations have determined that this knee pain is most likely

secondary to the medial meniscus tear that was sustained while working on the aircraft. With translation help I also clarified that his injury is in fact work related and he will need to formally file a workers compensation claim with his company. He was not familiar with the process and so we will wait to hear from him until he has reviewed the process with his human resources department.

XX/XX/XX: UR: Recommended prospective request for Right knee Arthroscopic Partial Meniscectomy vs Meniscus Repair and other indicated procedures as an outpatient between XX/XX/XX-XX/XX/XX is non-certified.

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

The request for right knee arthroscopy with partial meniscectomy versus repair of the medial meniscus is denied.

This patient is currently dealing with medial sided knee pain following a work accident. He has joint line tenderness on examination. He has a positive McMurray's sign. These physical findings are consistent with the medial meniscal tear identified on MRI.

The Official Disability Guidelines (ODG) supports partial meniscectomy or meniscal repair for the patient with a meniscal tear who has failed conservative care. Conservative care includes physical therapy and medication or activity modification. Younger patients are not required to complete physical therapy prior to surgical consideration.

The conservative treatment required by the ODG is not documented in the records reviewed. Since the patient is XXXXXX years of age, he should complete a course of physical therapy before considering operative treatment for his meniscal tear. This patient is not a surgical candidate at this point time.

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)**