

Becket Systems

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DATE NOTICE SENT TO ALL PARTIES: Mar/16/2016

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: Outpatient surgery-Right knee arthroscopy with partial medial meniscectomy

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: MD, Board Certified Orthopedic Surgeon

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. It is the opinion of this reviewer that the request outpatient surgery-right knee arthroscopy with partial medial meniscectomy is medically necessary

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a female. On XX/XX/XX, an MRI of the right knee found a large radial tear through the body segment of the lateral meniscus, a small joint effusion and a popliteal cyst. On XX/XX/XX, the patient was seen in clinic. She described falling at work. The right knee had good motion with some crepitus bilaterally without an effusion. There was tenderness along medial joint line and lateral joint line with a positive McMurray's sign. The patient was ambulating without assistive devices but did have a limp on the right side. She was provided with a steroid injection to the right knee at that time. On XX/XX/XX, the patient returned to clinic. She reported activities made her symptoms worse. It was noted she had tried conservative treatment including physical therapy which she had finished, a steroid injection, bracing and decreased activities. Surgery was recommended. On XX/XX/XX, the patient was seen in the clinic. She continued to limp on the right side and range of motion was 0 to 120 degrees bilaterally. There was a small effusion to the right knee with lateral tenderness and a positive McMurray's sign causing lateral discomfort. It was stated that a peer to peer had been performed, and a peer provider stated that NSAIDs were not tried so therefore, surgery was not indicated.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: On XX/XX/XX, the Utilization Review Report was submitted for the requested right knee with partial medial meniscectomy CPT code 29881 and the request was non-certified. It was stated that the physical exam findings were not documented in the progress note from XX/XX/XX and/or XX/XX/XX. Without mechanical symptoms and the physical exam findings consistent with a lateral meniscus tear, the request would not be supported.

On XX/XX/XX, the Utilization Review Report stated the requested reconsideration for outpatient right knee arthroscopy with partial medial meniscectomy was non-certified and no additional medical records were submitted for review other than the XX/XX visit and a progress note from XX/XX/XX showing no documentation of mechanical symptoms such as

locking, blocking or catching and on physical exam there was no documentation of joint pain, swelling, positive McMurray's sign or crepitus. Therefore, the request was non-certified.

The most recent record dated XX/XX/XX states the patient had range of motion at 0 to 120 degrees bilaterally. There was a small effusion to the right knee with lateral tenderness and a positive McMurray's sign. The MRI reveals a tear of the lateral meniscus.

The guidelines state for meniscectomy to be considered reasonable, there should be objective findings such as a positive McMurray's sign, joint line tenderness or an effusion, or limited range of motion, or locking, clicking or popping or crepitus. There should be positive findings on MRI of a meniscal tear. There should be documentation of conservative measures.

The records indicate the patient has been given steroid injections, bracing and physical therapy all without benefit of improvement. The MRI shows a tear of the lateral meniscus. The physical exam findings are consistent with that. Therefore, it is the opinion of this reviewer that the request outpatient surgery-right knee arthroscopy with partial medial meniscectomy is medically necessary and the prior denials are overturned.

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 KNOWLEDGBASE

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)