

MEDRx

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DATE OF REVIEW: 1/22/2016

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of a left knee arthroscopy partial medial meniscectomy.

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

The reviewer is a Medical Doctor who is board certified in 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)

The reviewer agrees with the previous adverse determination regarding the prospective medical necessity of a left knee arthroscopy partial medial meniscectomy.

PATIENT CLINICAL HISTORY [SUMMARY]:

The provider's patient was noted to have been injured as part of a motor vehicle accident. The XX/XX/XX dated progress note revealed that the patient's "vehicle flipped." Clinical records including from XX/XX/XX were reviewed. A XX/XX/XX dated therapy prescription indicated that the patient was status post arthroscopic partial medial and lateral meniscectomies. He was noted to have recurrent left knee pain with positive McMurray's and Apley's tests. BMI was noted to be 45. The diagnosis included symptomatic care of the medial meniscus. A prior MRI from XX/XX/XX was noted to reveal degeneration of the medial meniscus without a tear, along with a small tear of the lateral meniscus and grade 4 cartilage wear in the medial compartment. Prior treatments were noted to have included physical therapy and medications along with the above noted arthroscopic surgery. The medical

records were reviewed. It was noted that the Attending Physician's patient reported a new twisting injury to the knee. He was felt to have a symptomatic medial meniscal tear on exam and on MRI. MRI revealed degenerative changes, tricompartmental. Denial letters included MRI and or arthroscopic findings including an unaddressed or new medial meniscal tear, along with evidence of significant arthrosis on x-ray. An appeal letter dated XX/XX/XX was reviewed. Reference was made to another MRI discussing a medial meniscal tear.

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

The provider's patient is noted to have a combination of findings that evidences significant arthrosis. Applicable clinical guidelines (including as referenced below) do not support the request in the presence of overwhelming existing arthritis of the medial compartment. Therefore, the request is not medically necessary.

ODG Indications for Surgeryä -- 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)

Risk versus benefit: The advantage of most surgery to treat meniscus tears appears to be limited to short term relief of pain and mechanical catching, but not prevention of eventual osteoarthritis. Due to loss of meniscal cushioning following acute traumatic tears with or without additional removal of meniscal tissue (partial meniscectomy), OA progression simply becomes inevitable. Primary surgical repair of meniscus tears when feasible offers the best hope of joint preservation, but is associated with the risks of slower recovery and a relatively high re-tear rate often requiring additional surgery. The benefit of surgery for atraumatic tears or in the presence of significant OA drops off dramatically and may even be harmful, further accelerating OA progression. The ideal patients for meniscus surgery are younger, with smaller or repairable traumatic tears associated with mechanical symptoms, and no associated OA. Due to the unsolved issue of OA progression despite surgery, many indications for surgery in the past are now being questioned.

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)