



**MEDICAL EVALUATORS
OF TEXAS ASO, LLC.**

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DATE OF REVIEW: 02/12/2018

IRO CASE #: XXXX

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Denial of coverage for Left Knee Revision Arthroscopy with Partial Meniscectomy, Extensive Synovectomy, Chondroplasty, Abrasion Arthroplasty and Removal of Loose Bodies 29880, 29881, 29879, 29877, 29876, G0289

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

This case was reviewed by a physician who holds a board certification in Orthopaedic Surgery who is currently licensed and practicing in the State of Texas and is considered to be an expert in their field of specialty with current hands on experience in the denied coverage.

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

Overtured

EMPLOYEE CLINICAL HISTORY [SUMMARY]:

The claimant is a XXXX who injured her left knee as a result of a XXXX on XXXX. The claimant also has past surgical history remarkable 2 left knee arthroscopic surgery. Not able to obtain MRI secondary to metal implants, CT scan of the knee dated XXXX showed “no CT evidence of acute fracture or dislocation of the left knee, no gross evidence of ligamentous injury given limitations of CT, thickening of the lateral retinaculum could reflect acute injury versus sequelae of chronic injury.” The radiologist recommended correlation with clinical history and physical exam and further evaluation by MRI. The claimant has been previously treated with conservative care including injections, NSAIDs, physical therapy, and knee brace without satisfactory results.

Progress note dated XXXX documented the claimant complained of left knee pain, swelling and instability. The pain was described as aching and exacerbated by walking, kneeling, and stairs. The claimant was unable to climb stairs or walk for any period of time without pain, during PT her knee locks causing the therapist to not do her exercises properly. Her pain was 10/10 with certain movements. Physical examination revealed tenderness over the lateral and medial joint line, mild effusion, and painful active flexion 5-80 degrees, and McMurray test was positive on the left. The claimant was diagnosed with complex tear of medial meniscus of the left knee. The treating provider recommended Left Knee Revision Arthroscopy with Partial Meniscectomy, Extensive Synovectomy, Chondroplasty, Abrasion Arthroplasty and Removal of Loose Bodies for treatment of her condition.

Prior UR dated XXXX denied the request for coverage for Left Knee Revision Arthroscopy with Partial Meniscectomy, Extensive Synovectomy, Chondroplasty, Abrasion Arthroplasty and Removal of Loose Bodies 29880,29881, 29879, 29877, 29876, G0289 because the patient may be indicated for diagnostic arthroscopy based on her persistent symptoms despite extensive conservative treatment. However, the currently requested procedure is not supported by the documentation and guidelines. Specifically,

meniscectomy (no radiographic evidence of meniscal tear), chondroplasty (no radiographic evidence of focal chondral defect), removal of loose bodies (no radiographic evidence of loose bodies) are not supported.

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

The claimant is a XXXX who sustained left knee injury during a XXXX and was diagnosed with complex tear of medial meniscus of the left knee. The request is for coverage for Left Knee Revision Arthroscopy with Partial Meniscectomy, Extensive Synovectomy, Chondroplasty, Abrasion Arthroplasty and Removal of Loose Bodies, 29880, 29881, 29879, 29877, 29876, G0289.

After review of the medical records submitted, the claimant meets the Official Disability Guidelines (ODG) recommendation regarding the proposed surgery of left knee revision arthroscopy with partial meniscectomy, extensive synovectomy, chondroplasty, abrasion arthroplasty and removal of loose bodies. As per the office note by XXXX dated XXXX the claimant complained of pain rated at 10/10, inability to climb stairs or walk for any long period of time and mechanical symptoms including locking (which also prevents physical therapy). During the physical exam, the claimant was noted to have medial and lateral joint line tenderness, mild effusion, positive McMurray test, and limited range of motion (ROM), 5-80 degrees. Of note, an MRI cannot be obtained because the claimant has a pacemaker and spinal cord stimulator. Also, according to ODG, MRI is not required for locked/blocked knee. The medical records showed that the claimant had a trial of nonsteroidal anti-inflammatory drugs (NSAIDs), physical therapy, and injection, mechanical symptoms and the left knee giving way persisted.

Based on the above documentation, the claimant meets the criteria for meniscectomy because:

1. Failed PT and medications
2. Has joint pain, swelling, feeling of giving way and locking
3. Has effusion, joint line tenderness and limitation of ROM
4. Not able to obtain MRI secondary to metal implants, Computed Tomography (CT) was obtained instead

Based on the above documentation, the claimant's meets the criteria for synovectomy because:

1. Failed PT and medications, overall conservative care for 6 weeks
2. Has joint pain, swelling, feeling of giving way and locking
3. Has effusion, joint line tenderness and limitation of ROM
4. Not able to obtain MRI secondary to metal implants, CT was obtained instead, and no presence of moderate to severe arthritic changes.

Based on the above documentation, the claimant's meets the criteria for microfracture surgery, chondroplasty and removal of loose bodies because:

1. Failed PT and medications, overall conservative care for 6 weeks
2. Has joint pain, swelling, feeling of giving way and locking
3. Has effusion, joint line tenderness and limitation of ROM
4. Not able to obtain MRI secondary to metal implants, CT was obtained instead and although there are no loose bodies identified, it is difficult to assess for acute chondral injury on CT because of lower sensitivity.

Since the need for chondroplasty, microfracture and removal of loose bodies is largely based on the presence of certain criteria on MRI and because the MRI is contraindicated in this claimant, the need for microfracture, chondroplasty, and removal of loose bodies should be determined at the time of surgery with need to assessment and documentation of necessity based on the operative findings (size, depth of lesion etc).

Therefore, based on the Official Disability Guidelines as well as the clinical documentation stated above, it is the opinion of this reviewer that the request of coverage for Left Knee Revision Arthroscopy with Partial Meniscectomy, Extensive Synovectomy, Chondroplasty, Abrasion Arthroplasty and Removal of Loose Bodies 29880,29881, 29879, 29877, 29876, G0289 is medically necessary and appropriate in this claimant.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

**Official Disability Guidelines (ODG) - Online Version
Knee and Leg (Acute and Chronic) – Updated 01/30/18
Meniscectomy
ODG Indications for Surgery™ -- Meniscectomy:**

Criteria for meniscectomy or meniscus repair (It is recommended to require 2 symptoms and 2 signs to avoid arthroscopy with lower yield, e.g., pain without other symptoms, posterior joint line tenderness that could signify arthritis, or MRI with degenerative tear, which is often a 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 [e.g., crutches and/or immobilizer].) PLUS
2. Subjective Clinical Findings (at least two): Joint pain. OR Swelling. OR Feeling of giving 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 when above criteria are met). (Washington, 2003b)

For average hospital LOS if criteria are met, see Hospital length of stay (LOS).

Microfracture surgery.

ODG Indications for Surgery™ -- Microfracture surgery

Procedure: Subchondral drilling or microfracture. Requires all 4 below:

1. Conservative care: medication OR physical therapy (minimum of 2 months); PLUS
2. Subjective clinical findings: joint pain AND swelling; PLUS
3. Objective clinical findings: full thickness chondral defect on the weight bearing portion of the medial or lateral femoral condyle on MRI or during arthroscopy AND the knee is stable with intact, fully functional menisci and ligaments AND normal knee alignment AND normal joint space; PLUS
4. Age 45 or younger.

Synovectomy

ODG Indications for Surgery™ -- Synovectomy:

Synovectomy is usually combined with other indicated knee procedures rather than being performed as a stand-alone procedure, except for specific medical conditions reviewed below.

Criteria for synovectomy, requiring ALL of the following:

1. Conservative Care: A minimum of 6 weeks including Medications including failed corticosteroid injection (unless contraindicated). AND/OR Physical therapy. AND/OR Bracing. PLUS
 2. Subjective Clinical Findings: Pain and functional limitations continue despite conservative care. PLUS Joint pain. AND Swelling. PLUS
 3. Objective Clinical Findings: Effusion. OR Crepitus. OR Limited range of motion. PLUS
 4. Imaging Clinical Findings: Absence of moderate-to-severe arthritic changes on X-ray or MRI.
- For average hospital LOS if criteria are met, see Hospital length of stay (LOS).

Chondroplasty

ODG Indications for Surgery™ -- Chondroplasty:

Usually combined with other indicated knee procedures rather than as a stand-alone procedure

Criteria for chondroplasty (shaving or debridement of an articular surface), requiring ALL of the following:

1. Conservative Care: Medication. OR Physical therapy. PLUS
2. Subjective Clinical Findings: Joint pain. AND Swelling. AND Mechanical catching. PLUS
3. Objective Clinical Findings: Effusion. OR Crepitus. OR Limited range of motion. PLUS
4. Imaging Clinical Findings: Large unstable chondral defect on MRI.

(Washington, 2003b) (Hunt, 2002) (Janecki, 1998)

Loose body removal surgery (arthroscopy)

Recommended where symptoms are noted consistent with a loose body, after failure of conservative treatment, but knee arthroscopic surgery for treatment of osteoarthritis is not recommended. In cases of knee osteoarthritis where mechanical symptoms are consistent with a loose body, meniscal tear or chondral flap tear, arthroscopy after failure of non-operative treatment is indicated. This is especially true if the pathology is in a compartment (i.e., lateral) other than one with advanced joint space collapse (i.e., medial).

See also Arthroscopic surgery for osteoarthritis.

In order to fully address the mechanical symptoms if arthroscopy is chosen, all loose bodies, chondral flap tears and meniscal tears that could be causing the symptoms should be treated. (Kirkley, 2008) Arthroscopic surgery in the presence of significant knee OA should only rarely be considered for major, definite and new mechanical locking/catching (i.e., large loose body) after failure of non-operative treatment.