

# Parker Healthcare Management Organization, Inc.

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**DATE OF REVIEW:** JANUARY 17, 2018

**IRO CASE #:** XXXX

## **DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Medical necessity of the proposed OP Left Knee Arthroscopic Debridement of Meniscal Tear; Possible Chondroplasty

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

This case was reviewed by a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer specializes in Orthopedic Surgery and is engaged in the full time practice of medicine.

## **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)

## **PATIENT CLINICAL HISTORY [SUMMARY]:**

The claimant is a XX-year-old XX who was injured on XXXX, when XXXX. The claimant was diagnosed with XX. The past surgical history was noted to be significant for a left knee arthroscopy XXXX and a right knee surgery in XXXX. Prior treatment included six sessions of physical therapy. An MRI of the left knee on XXXX, reported a tear involving the body of the medial meniscus; degenerative changes, most advanced in the medial compartment; diffuse thinning of the hyaline cartilage consistent with moderate-to-severe osteoarthritis in the medial compartment. On the evaluation of XXXX, the claimant complained of left knee pain. The right knee was improving. The physical examination of the left knee documented a positive McMurray's sign. The collateral and cruciate ligaments were intact. There were no meniscal signs laterally.

## **ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDELINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.**

## **RATIONALE:**

The request was previously noncertified by Dr. XXXX on XXXX, due to the significant osteoarthritis in the left knee. Dr. XXXX stated knee arthroscopy and meniscal surgery were not beneficial for older patients exhibiting signs of degenerative changes consistent with osteoarthritis. No additional

documentation was submitted for review. The request remains noncertified. The guidelines first require nonoperative care, and there is no documentation of lower levels of care with NSAIDs or a cortisone injection into the left knee. Also, the MRI on XXXX, only reported some diffuse thinning of the hyaline cartilage consistent with moderate-to-severe osteoarthritis in the medial compartment. The MRI reported no evidence of a large, unstable chondral defect as required by the guidelines for the chondroplasty. Based on the medical documentation provided for review and the peer-reviewed, evidence-based guidelines, the request is not medically supported. The request for outpatient, left knee arthroscopic debridement of a meniscal tear and possible chondroplasty is not certified.

### **Official Disability Guidelines**

Knee and Leg (updated 12/28/17)

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)

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)

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

XX DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

XX ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES