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DATE OF REVIEW: 6/25/2018

IRO CASE # XXXX

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Right knee arthroscopy with transosseous root repair and partial meniscectomy to include general anesthesia and surgical assistant ankle for the patient.

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

M.D. Board Certified in Orthopedic Surgery and Sports 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 patient is a XXX with a work-related injury sustained when XX right knee buckled XXX. This occurred after having mild pain earlier in the day XXX. XX had onset sharp pain in the medial knee that continued to the time of the last office note. Per XX clinic notes, XX has sharp, stabbing medial knee pain, with difficulty ambulating to the point of using a walker, due to instability in the knee. XX knee is also swelling, popping, and clicking. This has been treated with activity modification, bracing, and medication, but XX has persisting symptoms. On exam, XX was noted to have a small effusion, tenderness to palpation at the medial joint line, and a positive McMurray's test. No ligament instability was noted. XX neurovascular status is intact. XX has an x-ray from XX that was normal, other than a trace effusion which was noted. There is an MRI from XX that shows a complete radial tear of the medial meniscus near the posterior root, with some medial meniscus extrusion. There is moderate chondromalacia of the medial patella. The medial and lateral compartment cartilage surfaces are intact.

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

Per ODG references, the requested "Right knee arthroscopy with transosseous root repair and partial meniscectomy to include general anesthesia and surgical assistant" is medically necessary. This patient appears to have an acute tear of the posterior medial meniscal root, as opposed to the more common degenerative type tears of



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the meniscus. In a patient with minimal arthritic changes on MRI, especially in the tibiofemoral compartments, it is to the benefit of the patient to address meniscal root tears more acutely to restore the function of the meniscus, and to decrease the risk of fast progression of DJD in the knee due to increased contact pressures between the femur and tibia. It is reasonable to do this acutely without attempting extended periods of conservative care, as waiting can make repair more difficult or not possible at all. It can also lead to joint damage while using the knee during the time before the meniscus is repaired. It is also reasonable to approach this, as the requesting physician discusses in his clinic note, to do an arthroscopy with the idea of doing a meniscal root repair, but if it is found that there is more chondral wear than is noted on MRI, or that the meniscus is not fixable, than doing a partial menisectomy and clean-up of the chondral surfaces would be sufficient. With this idea, the request for surgical treatment of this patient's knee with a right knee arthroscopy and medial meniscus root repair versus partial menisectomy should be approved. This procedure requires general anesthesia, and it is very reasonable to have a trained surgical first assistant who is familiar with the procedure, due to the potentially difficult nature of the case, thus the general anesthesia and first assistant should be approved as well.

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 KNOWLEDGE BASE
- ☐ 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