

CASEREVIEW

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June 25, 2018

IRO CASE #: XXXX

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Left knee arthroscopy with meniscal transplantation and osteochondral allograft

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

This physician is a Board Certified Orthopedic Surgeon with over 16 years of experience.

REVIEW OUTCOME:

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

☒ Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a XXX who was injured on XX. XX, XX twisted XX left knee. XX initially was placed in a knee immobilizer and given crutches until XX could be evaluated by orthopedics. Initial X-rays on XXX showed no fracture or other acute findings. The claimant was also treated with medication and physical therapy. The claimant underwent knee arthroscopy with partial meniscectomy on XXX.

On XXX, MRI Left Knee, Impression: Left knee MRI demonstrates horizontal oblique tear of the medial meniscus posterior horn, with no displaced meniscal fragments. There is reduced size of the meniscal body suggesting previous partial meniscectomy. Low-grade sprain of the medial collateral ligament. Lateral meniscus is intact. Grade 2 chondrosis in the medial tibiofemoral compartment. Grade 1-2 chondrosis in the patellofemoral and lateral tibiofemoral compartments. Medial patellar plica. Trace joint effusion. No bone contusion or acute fracture. There is mild reactive subchondral edema in the peripheral aspect of the medial tibial plateau adjacent to the medial meniscus body.

On XXX, MRI Left Knee, Impression: Left knee MRI demonstrates recurrent horizontal oblique tear of the meniscus body and posterior horn, extending to the intrameniscal surface. There is mild fraying of the posterior root insertion. Low-grade chondrosis in the patellofemoral and lateral tibiofemoral compartments. Thin medial patellar plica. Trace joint effusion. No bone contusion or acute fracture.

On XXXX, the claimant presented to XX, PA for follow-up of knee pain. XX reported that pain had gotten worse since their last visit. The pain was reported as sharp on the inside of XX knee and XX had frequent instances of

buckling, causing XX knee to give out. XX pain was rated 6/10. XX returned to work but experiences pain frequently. On examination there was tenderness to palpation at the medial joint line. XX had good ROM but some discomfort with increased flexion. Plan: XX has completed physical therapy, two surgeries, anti-inflammatory and pain medication. XX continues to have pain. Recommend viscosupplementation.

On XX, the claimant presented to XX, PA for XX first injection of the series of three. XX continued to report knee pain with no change in previous symptoms.

On XX MRI of the Left Knee, Impression: 1. Left knee MRI demonstrates postsurgical changes of the medial meniscus with recurrent fraying and partial-thickness radial tear of the posterior horn. 2. Lateral meniscus and knee ligaments are intact. 3. Proximal patellar tendinosis is increased compared to previous MRI with no evidence of tear. 4. Grade 2 chondrosis in the medial tibiofemoral compartment, with new focal subchondral reactive changes in the weight-bearing aspect of the tibial plateau. 5. Grade 1-2 chondrosis in the patellofemoral and lateral tibiofemoral compartments. 6. Medial patellar plica. 7. Small joint effusion and minimal popliteal cyst. 8. No bone contusion or acute fracture.

On XX, the claimant presented to XX, MD for follow up after repeat MRI of the left knee. XX continued to have significant symptoms on the medial side after 2 surgeries on the meniscus and near total meniscectomy. XX noted the pain was worse with activity and better with rest. It did limit XX activities of daily living. On examination of the left knee there was tenderness to palpation at the medial joint line. The knee was stable to varus and valgus stress. Plan: This patient has a near total meniscectomy with continued pain and difficulty. XX does not have evidence for arthritis. XX has normal alignment. XX has normal ligamentous structures. XX does meet the criteria for meniscal transplantation based on XX ligamentous intact.

On XX, the claimant presented to XX, PT for fitting of a Medial Donjoy Climaflex OA.

On XX, XX, MD performed a UR. Rationale for Denial: The guidelines state that a meniscal allograft transplantation and osteochondral autograft transplant system is indicated when there has been conservative care, subjective clinical findings, objective clinical findings, and imaging findings. The patient was previously treated with surgery, medications, injections, and activity modifications. An x-ray of the left knee dated on XX revealed no fracture or acute finding. The patient continued to complain of knee pain and there was mild swelling on examination. However, there was a lack of official diagnostic evidence of a chondral defect. It was also noted that the patient had a near total meniscectomy. The guidelines for a meniscal allograft transplantation require a previous meniscectomy with at least two-thirds of the meniscus removed. The guidelines also state that the ideal age is XX. The patient is XX. Given the above, the request for left knee arthroscopy with meniscal transplantation and osteochondral allograft is non-certified.

On XX XX, MD performed a UR. Rational for Denial: The request was previously denied as there was no documentation noting a chondral defect on imaging. The clinical documentation submitted for review indicated this patient had pain in the left knee. Imaging showed pathology and XX had participated in multiple modalities of conservative care. However, there was no documentation noting abnormalities on physical examination of the left knee to include mechanical symptoms nor functional limitations. There was also lack of information noting this patient had pain that interfered with XX activities of daily living. Consequently the request is not supported.

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

The request for left knee arthroscopy with meniscal transplantation and osteochondral allograft is approved, in part.

This claimant is a XX who injured XX knee on XX. XX completed two knee arthroscopies to address a medial meniscal tear. Following the XX procedure, the patient was left with a near total meniscectomy of the medial meniscus. The MRI of XX confirmed the extensive resection of the meniscus. The MRI identified Grade 2

chondromalacia in the medial compartment. The treating physician has recommended a third procedure, which would involve meniscal transplantation and osteochondral allograft.

The Official Disability Guidelines (ODG) supports meniscal transplantation in the patient in which at least 2/3 of the meniscus has been removed. There should be minimal articular irregularities in the chondral surface. The knee should be stable to examination. The ideal candidate is between XX of age. The body mass index (BMI) should be less than XX.

This claimant is missing a significant portion of the medial meniscus, which will overload the cartilage in XX knee. In XX current condition, XX will develop advanced arthritic changes in the medial compartment, requiring knee replacement. Even in a XX successful meniscal transplantation would prevent further deterioration of the knee. As of XX evaluation on XX XX BMI was XX. Therefore, the claimant meets ODG guidelines and I find the request for left knee arthroscopy with meniscal transplantation reasonable and medically necessary.

The records reviewed demonstrate no evidence of chondral defect. There is no indication for osteochondral allograft. The request for left knee osteochondral allograft is not found to be medically necessary.

PER ODG: XX

Conditionally Recommended CR

Recommended as an alternative to autograft transplantation.

Evidence Summary

The patient's own tissue, an autograft, can often be used for a knee surgical reconstruction procedure. Autograft tissue is the safest and fastest-healing tissue, but harvesting autograft tissue creates a second surgical site from which the patient must recover, possibly with an extended hospital stay. Allograft tissue, taken from another person, typically a cadaver, takes longer to incorporate into the patient's body, but there is no second surgical site to heal. Surgical time and hospital stay may be shorter when allograft tissue is used, and allograft tissue transplants are not rejected by the body as with organ transplants, so it is not necessary to use drugs to suppress the immune system. Fresh osteochondral allograft (OCA) transplantation has been used to manage a wide spectrum of chondral and osteochondral knee disorders, and clinical studies support the safety and efficacy of the procedure. Transplantation of viable, mature hyaline cartilage into the affected area is an advantage of the procedure, which can be used to restore bone stock in complex or salvage scenarios. Indications for OCA transplantation in the knee include primary management of large chondral or osteochondral defects and salvage of previously failed cartilage repair. The procedure also can be used for complex biologic knee reconstruction in the setting of osteonecrosis, fracture malunion, or post-traumatic arthritis. Challenges associated with OCA transplantation include allograft storage and size matching, tissue availability, chondrocyte viability, the possibility of immunologic graft response, and a demanding surgical technique. (Sherman, 2014)

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)**