

# C-IRO Inc.

An Independent Review Organization

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## *Review Outcome*

### ***Description of the service or services in dispute:***

29881 – Right knee arthroscopy with partial medial meniscectomy

### ***Description of the qualifications for each physician or other health care provider who reviewed the decision:***

Board Certified Orthopedic Surgeon

### ***Upon Independent review, the reviewer finds that the previous adverse determination / adverse determinations should be:***

- Overturned (Disagree)
- Upheld (Agree)
- Partially Overturned (Agree in part / Disagree in part)

### ***Patient Clinical History (Summary)***

XX who was diagnosed with tear of medial meniscus of the right knee. On XXXX, XX twisted the right knee and felt a “pop”.

On XXXX, XX evaluated XX for right knee pain. XX reported XX had right knee pain and continued to have swelling as well. On examination, there was tenderness over the medial joint line of the right knee with trace effusion and crepitus at the patellofemoral region. The range of motion was 110 degrees with flexion and 0 degrees with extension. The findings were positive for McMurray's test. XX recommended that XX undergo a right knee arthroscopy with partial medial meniscectomy.

A utilization review dated XXXX was completed by XX indicating that XX had suffered from tear of the medial meniscus of the right knee. XX opined that the requested service was denied. Per note, “XX does note subjective complaints of pain and mechanical symptoms with positive provocative examination findings of a McMurray's and medial joint line tenderness with a trace effusion which does correlate with the MRI. These findings appeared to indicate an irregular tear in the posterior horn of the medial meniscus, but with the patient's current complaints the records did not document a trial of conservative treatment as recommended by ODG prior to considering surgical treatment for meniscal pathology. Therefore, the request for right knee arthroscopy with partial medial meniscectomy, 29881 is not medically necessary and is non-certified.”

XX wrote an appeal letter dated XXXX, regarding the denial for right knee arthroscopy with partial medial meniscectomy for XX. The request was denied as a result of the lack of specific conservative care being documented in the office notes. XX made multiple attempts to complete the peer to peer discussion, however, XX was unable to discuss that with XX. XX had continued XX home exercise program after XX full release from XX anterior cruciate ligament surgery with doing XX exercises at least two to three times per week, XX had continued to take XX and ice XX knee when it was swollen and painful. The conservative care outlined in addition to XX MRI findings, clinical examination findings and mechanical knee symptoms should meet ODG guidelines and allow for approval for this arthroscopy. XX requested to reconsider the denial of right knee arthroscopy with partial medial meniscectomy.

On XXXX, a reconsideration utilization review was completed by XX, indicated that XX had suffered from tear of medial meniscus of the right knee. Per note, XX stated, “based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request for appeal right knee arthroscopy with partial medial meniscectomy, 29881 is upheld.”

## ***Notice of Independent Review Decision***

Case Number: XXXXXX

Date of Notice: XXXX

Treatment to date included medications (XX, XX, XX and XX), surgical interventions (surgery of the knee of unspecified laterality in XXXX, a right knee arthroscopic anterior cruciate ligament reconstruction using posterior tibial allograft and arthroscopic partial medial meniscectomy on XXXX) and physical therapy.

On XXXX, an MRI of the right knee showed medial meniscal tear. On XXXX an x-ray of the right knee showed prior anterior cruciate ligament surgery reconstruction with femoral and tibial tunnel. On XXXX, an MRI of the right knee showed increased signal in the expected location of the anterior cruciate ligament proximal suggested complete tear with bucket-handle type tear of the body and posterior horn of the medial meniscus and large effusion. There was mild-to-moderate contusion surrounding the lateral compartment and at the anterior intercondylar proximal tibia.

### ***Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.***

The ODG recommends meniscectomy when there has been a failure of conservative care and there is evidence of a meniscus tear on MRI. The provided documentation indicates persistent right knee pain, swelling and mechanical symptoms despite conservative measures including anti-inflammatories, previous physical therapy, a home exercise program and the use of ice. There are objective findings of an effusion, medial joint line tenderness and a positive McMurray's maneuver consistent with a medial meniscus tear. A right knee MRI from XXXX reveals a medial meniscus tear. Based on the provided clinical documentation and the ODG recommendation, the right knee arthroscopy with partial meniscectomy is medically necessary and is that the ODG criteria. It is recommended that the previous reviews should be overturned given the information available. Given the documentation available, the requested service(s) is considered medically necessary.

### ***A description and the source of the screening criteria or other clinical basis used to make the decision:***

- ACOEM-America College of Occupational and Environmental Medicine um knowledgebase
- AHRQ-Agency for Healthcare Research and Quality Guidelines DWC-Division of Workers
- Compensation Policies and Guidelines European Guidelines for Management of Chronic Low Back
- Pain Interqual Criteria
- Medical Judgment, Clinical Experience, and expertise in accordance with accepted medical standards
- Mercy Center Consensus Conference Guidelines
- Milliman Care Guidelines
- ODG-Official Disability Guidelines and Treatment Guidelines  
Knee and Leg Chapter

#### Meniscectomy

Recommended as indicated below for symptomatic meniscal tears in younger patients, primarily for traumatic tears. Not recommended for osteoarthritis (OA) in the absence of solid mechanical meniscal findings or in older patients with degenerative tears who are more appropriately treated with physical therapy/exercise. ([Kirkley, 2008](#)) ([Khan, 2014](#))

See [Meniscal allograft transplantation](#). See also [Arthroscopic surgery for osteoarthritis](#); [Loose body removal surgery](#) (arthroscopy).

#### 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

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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).

- Pressley Reed, the Medical Disability Advisor
- Texas Guidelines for Chiropractic Quality Assurance and 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)