Matriarch
CONSULTING SERVICES

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December 19, 2017

IRO CASE #: XXXX

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Right Knee Arthroscopy with Medial Meniscectomy, with Surgical Assistant, as Outpatient

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
This case was reviewed by a Board-certified Orthopedic Surgeon who 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:

X Upheld (Agree)

PATIENT CLINICAL HISTORY [SUMMARY]:

This case involves a XXXX who sustained a fall on XXXX resulting in injury to the right thigh and knee. XXXX was diagnosed with injuries to the right thigh and right knee. XXXX was seen in clinic on XXXX for the right thigh and knee pain. XXXX complained of difficulty performing activities of daily living, mechanical symptoms including catching, locking, and crepitus in the medial compartment. A trial of physical therapy resulted in worsening of his symptoms. Physical examination revealed minimal tenderness to palpation at the vastus lateralis and range of motion was 0-120 degrees. There was effusion in the medial compartment noted with pain consistent with posterior horn medial meniscus tear. The patient reportedly had x-rays and MRI performed. Per XXXX clinical note, MRI revealed a complex oblique posterior medial meniscus tear and a partial tear of the muscle tendon junction of the vastus lateralis. No official MRI report was submitted with this request, and this case has undergone two previous adverse determinations also for lack of adequate radiographic documentation supporting the need for the procedure.

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

The Official Disability Guidelines (ODG) requires subjective clinical complaints, objective physical exam findings, and imaging studies supporting the need for surgery. This patient has clear clinical complaints and exam findings consistent with a posterior horn medial meniscus tear. Unfortunately, there is again no official MRI report submitted with this request to support the need for surgery. As such, the request for knee arthroscopy with meniscectomy, with surgical assistant, is not considered medically necessary.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:
ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

Knee and Leg (Acute and Chronic) - (updated 11/15/17)
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).

Low Back - Lumbar and Thoracic (Acute and Chronic) - (updated 08/02/17)
Surgical assistant
Recommended as an option in more complex surgeries as identified below. An assistant surgeon actively assists the physician performing a surgical procedure. Reimbursement for assistant surgeon services, when reported by the same individual physician or other health care professional, is based on whether the assistant surgeon is a physician or another health care professional acting as the surgical assistant. Only one assistant surgeon for each procedure is a reimbursable service, without exceptions for teaching hospitals or hospital bylaws. The following low back surgical procedure CPT codes are eligible for a surgical assistant: 20930; 20931; 20936; 20937; 20938; 22224; 22226; 22548; 22558; 22585; 22612; 22614; 22630; 22632; 22830; 22840; 22841; 22842; 22843; 22844; 22845; 22846; 22847; 22849; 22850; 22851; 22852; 22855; 63005; 63011; 63012; 63017; 63030; 63035; 63042; 63044; 63047; 63048; 63056; 63057; 63170; 63185; 63190; 63200; 63267; 63268; 63272; 63273; and 69990. (CMS, 2014)