California Orthopaedic Association

Workers' Compensation Utilization Review Checklist

Menisectomy

This checklist is intended to help orthopaedic surgeons document important factors for utilization reviewers (UR) when determining the medical necessity for this procedure(s). The checklists, developed by members of COA's Workers' Compensation Committee, will help our members anticipate what questions Utilization Reviewers will need to have documented in order for them to make more informed decisions. COA cannot guarantee that if you document the below issues, the procedure(s) will be approved, but it should help clarify the conservative treatment that the injured worker may have received, the results of the diagnostic imaging tests, and why you believe surgery is indicated.

Please remember that medical treatment requests should be based on the DWC's Medical Treatment Utilization Schedule (MTUS) http://www.dir.ca.gov/dwc/mtus/mtus_regulationsguidelines.html whenever possible as the MTUS guidelines are presumed correct. If the procedure is not covered by MTUS, you are able to utilize other nationally-recognized treatment guidelines such as ACOEM or ODG. You can utilize other high quality guidelines to document medical necessity.

Attach the below checklist along with a copy of the research justifying the procedure to your Request for Authorization (RFA). Having a summary of care to date to add to the checklist facilitates approval.

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Menisectomy

Patient name: _____ Claim #: _____

Menisectomy	**Present if checked**
DWC - MTUS Treatment Guidelines	
ACUTE injury with locking, inability to extend knee, repairable tears. frank traumatic onset that does not generally include onset after "exercise," "hard work," or "twisting" events.	
Supervised exercises and/or home rehab may have included formal therapy	
PLUS	
Use of NSAIDS	
At least 3-4 weeks conservative treatment without improvement	
AND	
Activity modification (crutches and/or immobilization	
MAY have	
Swelling	
Feeling of give way	
Locking, clicking, or popping	
Positive McMurray's sign – not required by MTUS	
PLUS	
Meniscus tear on MRI (not required for locked/blocked knee) (only order after above criteria are met)	

MTUS Guideline

Recommended. Arthroscopic partial menisectomy and/or meniscal repairs for symptomatic, torn menisci is recommended for highly select patients.

Strength of Evidence – Recommended, Insufficient Evidence (I)

> *Indications* – Relatively few patients with meniscal tears appear to be candidates for this surgery. Possible exceptions include those with locking symptoms, severe tears, and/or frank traumatic onset that does not generally include onset after "exercise," "hard work," or "twisting" events.(2277) Thus, patients should be highly selected and have attempted non-operative treatment that generally included passage of at least a few weeks, NSAIDs, and activity modulation, and also may have included formal therapy.(2199) Patients with marked mechanical symptoms (e.g., mechanical locking with effusions) are candidates for early operative intervention. Patients trending towards improvement generally warrant longer periods of non-operative management, while patients failing to trend towards improvement over at least 3 to 4 weeks are candidates for earlier surgical treatment.

Updated: December, 2018