

**City Orthopedics** 123 Medical Center Drive, Suite 400 Metropolis, NY 10001 Phone: (555) 019-2834 | Fax: (555) 019-2835 **NPI:** [Provider NPI] | **Tax ID:**

**Date:** January 7, 2026

**To:** Medicare Utilization Management **Department:** Prior Authorization / Medical Review **Attention:** Medical Director

**RE: Letter of Medical Necessity for MRI of the Right Knee (CPT 73721)**

Patient Information	Provider Information
<b>Name:</b> Tharun	<b>Ordering Physician:</b> , MD
<b>DOB:</b> 19/5/2005	<b>Practice:</b> City Orthopedics
<b>ID:</b> 321753	<b>NPI:</b> NPI221

**Dear Medical Review Team:**

I am writing to formally request authorization for a **Magnetic Resonance Imaging (MRI) scan of the Right Knee without Contrast (CPT 73721)** for my patient, Tharun. This request is based on the patient’s clinical presentation of chronic internal derangement of the right knee, which has proven refractory to a comprehensive course of conservative management.

The following clinical evidence is submitted to demonstrate full compliance with Medicare Local Coverage Determinations (LCDs) and National Coverage Determinations (NCDs) regarding diagnostic imaging of the lower extremity.

**1. Clinical Diagnosis and ICD-10 Coding**

- **Primary Diagnosis: M23.231** – Derangement of other medial meniscus due to old tear or injury, right knee.
- **Clinical Exam:** Positive **McMurray test** with audible click. Distinct **joint line tenderness** on palpation. Range of motion limited to 110 degrees flexion.
- **Onset/Duration:** Chronic symptoms persisting for **3 months** following a specific traumatic event.

**2. History of Present Illness (HPI) & Mechanism**

The patient sustained an injury to the right knee approximately 3 months ago (October 2025) due to a **slip on ice**. The mechanism of injury involved rotational shear force under weight-bearing load, which is highly specific for meniscal pathology. Since the injury, the patient has experienced persistent medial joint line pain, functional limitation in ambulation, and mechanical symptoms inconsistent with a simple contusion or sprain.

**3. Radiographic Evaluation (Prerequisite Met)**

- **Date:** October 25, 2025

- **Study:** X-ray Right Knee (3 views)
- **Findings: Negative.** No evidence of acute fracture, dislocation, osteosarcoma, or severe osteoarthritis (Kellgren-Lawrence Grade 3/4).
- **Significance:** Radiographs have ruled out osseous pathology. The persistence of pain in the setting of negative X-rays indicates soft-tissue internal derangement (meniscus/ligament) which requires MRI for visualization.

**4. Failure of Conservative Management (LCD Compliance)** The patient has completed a multimodal conservative therapy regimen exceeding the standard 4-6 week requirement, with no significant improvement in symptoms or function.

**Physical Therapy:** The patient completed a comprehensive 6-week course of provider-supervised physical therapy. **The sessions began on November 1, 2025, and concluded on December 15, 2025.** Despite compliance, there was no resolution of pain or functional impairment.

**Pharmacology:** The patient adhered to a daily regimen of Naproxen 500mg. **This medication trial started on November 1, 2025, and ended on December 15, 2025.** The patient reported "no relief," suggesting mechanical pathology resistant to anti-inflammatories.

## 5. Medical Necessity Rationale

Given the **chronicity of symptoms (>3 months)**, the specific **traumatic mechanism**, the **negative plain films**, and the **failure of 6 weeks of PT and NSAIDs**, MRI is medically necessary to:

1. Confirm the diagnosis of a medial meniscus tear (M23.231).
2. Characterize the tear morphology (e.g., bucket-handle, radial) to determine if arthroscopic repair is feasible versus meniscectomy.
3. Evaluate the articular cartilage for chondral damage resulting from the altered joint mechanics.

Continued conservative care is medically futile without a definitive diagnosis. Delay in imaging risks progression of joint damage and prolonged functional disability. I certify that this service is reasonable and necessary for the diagnosis and treatment of this patient's illness/injury.

Please expedite the approval of CPT 73721 (Right Knee). I am available for a peer-to-peer discussion should any questions arise.

Sincerely,

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, MD, FAAOS

Orthopedic Surgeon

City Orthopedics