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DATE OF REVIEW: 12/27/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Preauthorization arthroscopy knee surgery with meniscectomy, knee arthroscopy medial or lateral meniscus repair, arthroscopy knee diagnostics with/without synovectomy, arthroscopic ACL repair/augmentation/reconstruction, arthroscopic of knee synovectomy major.

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

Board Certified Orthopedic Surgeon

REVIEW OUTCOME

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

Denial Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. 11/24/03 –Imaging.
2. 05/04/05 –MRI.
3. 09/29/05 thru 11/13/07 –Orthopedic Clinic.
4. 07/31/07 – Designated Doctor Evaluation.
5. 08/20/07 thru 11/13/07 – D.O.
6. 11/01/07 thru 12/03/07 – Adverse determination letters.
7. ***Official Disability Guidelines.***

PATIENT CLINICAL HISTORY [SUMMARY]:

On 11/24/03, the employee presented at Imaging.

On 05/04/05, the employee was seen by M.D., and underwent an MRI of the left knee with contrast.

The employee was seen at Orthopedic Clinic with complaints of chronic and persistent left knee pain, weakness, catching, and giving way status post work related injury. The employee described his pain as sharp, moderate in severity, and constantly present. The employee continued to be seen at the Orthopedic Clinic through 11/13/07.

The employee presented for a Designated Doctor Evaluation on 07/31/07 with M.D. Dr. assigned a 0% whole person impairment rating based on DRE Cervical Spine Category I.

The employee was seen by D.O., from 08/20/07 through 11/13/07. On that date, Dr. noted that they had received a denial for the ACL reconstruction repair. Dr. requested a reconsideration for the necessary surgery.

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

Official Disability Guidelines for meniscectomy include failure of conservative care, subjective clinical findings including joint pain, positive McMurray's signs, and imaging studies. The examinations provided for this review include several templated documentations from the physician's assistant associated with Dr.

After many years of experience in orthopedic surgery, it is difficult for me to rationalize a surgical request that is not accompanied by an examination from the surgeon. The most recent complete examination was performed by Dr. who performed a Designated Doctor Evaluation on 07/31/07. Dr. noted no effusion, negative varus and valgus testing, negative Lachman's and McMurray's testing, and no crepitation. There was no atrophy in the lower extremity musculature when measured at the thigh and the calf. Range of motion was not documented in that report. There were no indications for surgery in this employee. The equivocal MRI finding is just that, equivocal. It is not reinforced by positive findings by a competent examiner.

This request is not preauthorized.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

1. ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES