



Southwestern Forensic
Associates, Inc.

REVIEWER'S REPORT

DATE OF REVIEW: December 2, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Arthroscopy and possible meniscectomy, left knee.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D. degreed Board Certified Orthopedic Surgeon licensed in Texas.

REVIEW OUTCOME:

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED FOR REVIEW:

1. Patient information sheets.
2. TDI Assignment forms.
3. Healthcare forms.
4. Request for review with denials dated 10/04/2007 and 10/24/2007, including ODJ indications for surgery and meniscectomy.
5. Carrier records.
6. URA records, multiple copies.
7. Outpatient Rehabilitation records. Facsimile including physical therapy prescription and evaluation 07/24/2007.
8. xxxxxx evaluation dated 09/12/2007, M.D.
9. MRI report 06/25/2007.
10. Request for pre-authorization for the arthroscopic procedure and request for reconsideration.

ODG Guidelines were presented for review.

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This male was injured at work while xxxxx. He reported a xxxxxxwith subsequent pain and swelling. He has a past history of right knee problems, less so, left knee. His physical examination performed 09/12/2007 revealed few, if any, positive physical findings suggestive of meniscal tear. His plain x-rays were compatible with no specific diagnosis and an MR scan revealed only chondromalacia with no evidence of meniscal tearing.

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

It appears that the patient lacks the diagnostic criteria for the performance of arthroscopic meniscectomy. The MR scan did not reveal meniscal tearing; however, its quality was questioned by Dr. In the absence of imaging criteria, arthroscopic meniscectomy cannot be justified.

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

- ACOEM-American College of Occupational & Environmental Medicine UM Knowledgebase.
- AHCPR-Agency for Healthcare Research & Quality Guidelines.
- DWC-Division of Workers' Compensation Policies or 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 & Treatment Guidelines.
- Pressley Reed, The Medical Disability Advisor.
- Texas Guidelines for Chiropractic Quality Assurance & Practice Parameters.
- Texas TACADA Guidelines.
- TMF Screening Criteria Manual.
- Peer reviewed national accepted medical literature (provide a description).