

Clear Resolutions Inc.

An Independent Review Organization
7301 Ranch Rd 620 N, Suite 155-199
Austin, TX 78726

DATE OF REVIEW:

JULY 19, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Right knee injection

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

a MD Board Certified Orthopedic Surgeon

REVIEW OUTCOME

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

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Review, Dr., 06/19/07
Letter, 06/28/07
Lumbar spine MRI, 11/09/06
Right knee MRI, 11/09/06
Office note, Dr., 05/17/07

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male with a reported injury from an unknown mechanism on xx/xx/xx. MRI evaluation of the right knee performed on 11/09/06 noted an intact anterior cruciate ligament reconstruction; mild to moderate medial and lateral compartment osteoarthritis with mild patellofemoral degenerative changes; small effusion; and grade I myxoid

degeneration within the menisci without evidence of meniscal tear. There is notation that the claimant had undergone multiple surgical interventions. The claimant is currently taking medications. Evaluation by Dr., a pain management physician, on 05/17/07 noted antalgic gait and infrapatellar tenderness. Dr. recommended an intra-articular injection for pain relief.

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

A right knee injection would appear to be medically appropriate. The claimant is a male with history of multiple prior knee surgeries. It appears the claimant has post-traumatic arthritis according to the records provided. Records indicate an intact anterior cruciate ligament reconstruction from prior anterior cruciate ligament surgery and mild to moderate medial and lateral compartment arthritis. An intra-articular injection was recommended for pain relief. The short term benefits of intra-articular corticosteroids in the treatment of knee arthritis have been well established and the request would appear to be inline with OGD guidelines for management. The Reviewer therefore, would support the injection as being medically appropriate in this case.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE 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 JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
Official Disability Guidelines Treatment in Worker's Comp 2007 Updates; Knee-Cortisone Injection.
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TEXAS TACADA GUIDELINES
- TMF SCREENING CRITERIA MANUAL
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)