

**DATE OF REVIEW: 5/1/07**

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Preauthorization for outpatient left knee arthroscopy.

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

This case was reviewed by a board certified orthopedic surgeon on the external review panel who is familiar with the condition and treatment options at issue in this appeal.

**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)

<i>Primary Dx Code</i>	<i>Service Being Denied</i>	<i>Billing Mod</i>	<i>Type Review</i>	<i>DOS</i>	<i>Amt Billed</i>	<i>Date of Injury</i>	<i>DWC Claim #</i>	<i>Uphold / Overturned</i>
836.0	29880		Prospective					<i>Overturned</i>
836.0	27333		Prospective					<i>Overturned</i>
836.0	27425		Prospective					<i>Overturned</i>
836.0	29876		Prospective					<i>Overturned</i>

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

1. Request for Independent Review by an Independent Review Organization forms – 4/19/07
2. Determination Notices – 3/8/07, 3/29/07
3. Records and Correspondence – 2/26/07-4/24/07
4. Records – 3/1/07
5. Records and Correspondence – 3/12/07-3/22/07
6. Records and Correspondence – 3/28/07

**PATIENT CLINICAL HISTORY:**

This case concerns an adult who sustained a work related injury. Records indicated that while carrying a slab of granite up steps he had a twist-turn injury and pain in the left knee. Diagnoses have included a torn lateral meniscus. Evaluation and treatment for this injury has included an MRI, knee immobilizer, x-rays, medications, and therapy.

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

The physician reviewer indicated this patient had an MRI that showed a possible meniscal tear of the left knee. The physician reviewer noted he has a history of prior knee surgery. The physician reviewer explained the patient also has a history of acute pain while lifting a granite countertop. The physician reviewer indicated he had documented attempts at therapy and neuromuscular pain management for the injury. The physician reviewer also indicated that this information is all indicative of a meniscal tear. Therefore, the physician reviewer concluded that the requested outpatient left knee arthroscopy is medically necessary for evaluation and treatment of this patient's condition.

**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
- 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)

**CAMPBELL'S OPERATIVE ORTHOPEDIC TEXTBOOK, CHAPTER ON KNEE MENISCAL TEARS & ARTHROSCOPY. MOSBY PUBLISHING 2000.**