

# Parker Healthcare Management Organization, Inc.

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## Notice of Independent Review Decision

**DATE OF REVIEW:** SEPTEMBER 6, 2007

**IRO CASE #:**

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

Medical necessity of meniscus tear vs. osteochondral defect/loose body, traumatic chondromalacia patella (29880/ 29877/ 29876/ 29888)

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

This case was reviewed by a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer specializes in orthopedic surgery and is engaged in the full time practice of medicine.

### **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)

Primary Diagnosis	Service being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim#	IRO Decision
836.0	29880/ 29877/ 29876/ 29888		Prosp						Upheld

### **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

TDI-HWCN-Request for an IRO-35 pages

Respondent records- a total of 524 pages of records received to include but not limited to: Records, , 7.25.07; various HCFAs, DOS 6.26.03-7.25.07; Records, Injury clinic, 4.28.03-7.6.07; Records, Dr., 7.15.03-3.18.05; Records, Pain Center, 8.12.03; FCE, 8.11.03, 9.8.03; Reocrds, , 8.19.03-10.2.03; Records, Dr., 9.9.03; Letter, 10.12.04; Records, , 3.30.07-7.13.07; MRI Rt Knee 4.20.07

Requestor records- a total of 35 pages of records received to include but not limited to: letter, 8.6.07; letter 5.21.07, 7.2.07; Records, , 3.30.07-7.13.07; MRI Rt Knee 3.26.03, 4.20.07; Operative report, Dr. 9.16.04

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient sustained a work related job injury.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS. FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDLEINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.**

The patient's examination does not indicate or suggest a possible loose body. The patient had x-rays dated 03.30.2007 and these were interpreted as essentially normal. The patient had an MRI dated 04.20.2007 and the findings were consistent with postoperative changes. There was evidence of slight thickening of the posterior cruciate ligament. There was evidence of grade I posterior horn medial meniscal changes.

There was no mention made of the articular surface to suggest that there might be irregularities of the articular surface, and therefore the possibility of a loose body. The available information does not support the diagnosis of osteochondral defect. The records available do not suggest instability or other findings that would tend to support the requested procedure. Given the information that I have available, the requested procedure is not indicated.

**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
- XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- XX 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)