

Parker Healthcare Management Organization, Inc.

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Notice of Independent Review Decision

DATE OF REVIEW: APRIL 24, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of proposed reconstruction of ACL left knee, bone-patellar tendon-bone allograft (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)
- XX 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
844.2	29888		Prosp	1					Overturn

INFORMATION PROVIDED TO THE IRO FOR REVIEW

TDI-HWCN-Request for an IRO-16 pages

Respondent records- a total of 250 pages of records received by the URA to include but not limited to: Claims Management letter 4.4.08, 4.8.08; Request for an IRO forms; 12.17.07,

12.31.07; report M.D.; DWC form 1; DWC 24, 73; notes 3.3.04-12.22.04; report, Dr. 4.15.04; report, Dr. 5.26.05; notes, Dr. 3.24.04-6.24.04; notes, PT 4.8.04; notes, PT 5.19.04; notes, M.D. 11.27.04; notes, M.D. 6.29.06; note, Dr., M.D. 12.11.07; x-ray knee 3.1.04, 6.24.04, 11.27.04, 12.11.07; MRI Knee 3.9.04, 8.23.04, 6.2.06, 11.19.07; Left lower venous duplex sonogram 5.14.04; PT notes 4.8.04-12.23.04; report, Arthroscopy aided ACL repair 5.5.04; Arthroscopy knee 11.1.04; Arthrocentesis 4.21.05; ODG guidelines referenced in denial letters

Requestor records- a total of 148 pages of records received from Dr. to include but not limited to: Records, Dr. 3.24.04-12.11.07; report, Dr. 5.5.04, 11.1.04; MRI Left Knee 3.9.04, 8.23.04, 6.2.06, 11.19.07; script/notes, 4.23.04-12.1.04; notes 5.28.04-7.9.04; letters 4.30.04-12.17.07; Subsequent report 3.29.06-10.12.05; IR report 5.26.05; various dates, DWC 73; letter 7.12.04; notes, Dr. 1.19.05; request for an IRO forms

PATIENT CLINICAL HISTORY [SUMMARY]:

This patient sustained a work related on the job injury to her left knee on xx/xx/xx.

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.

Overturn the denial. The patient has a torn anterior cruciate ligament. She has knee laxity. She is symptomatic including instability. The decision to overturn the denial only considered medical necessity and therefore, based on the records is medically appropriate.

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

- XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- XX ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- XX PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (Anterior cruciate ligament insufficiency, Principles of treatment, Journal of the American Academy of Orthopedic Surgeons, Robert L. Larsen, M.D. and Mario Taillon, M.D.)