



REVIEWER'S REPORT

DATE OF REVIEW: 04/03/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OF SERVICES IN DISPUTE:

Excision and debridement of prepatellar bursa.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., Board Certified in Orthopedic Surgery

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. TDI Case Assignment
2. Request for Independent Review Organization
3. Insurance denial letters dated 02/11/08 and 02/26/08
4. Physician records from 02/15/08 and 0/123/08
5. Notes from Dr. 01/08/08, 05/01/06, 11/28/07, 12/21/07
6. Carrier's records including denial letters mentioned before
7. MRI scan of the right knee dated 01/09/08

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The patient suffered hemorrhagic bursitis of the prepatellar bursa. He was seen on 01/23/08 by an orthopedic surgeon after failing conservative care by Dr. He had been seen in the emergency room in July 2007. The bursa was aspirated on 11/28/07 and once again on 12/21/07 without relief. MRI scan demonstrated the hemorrhagic bursitis, and surgical excision was recommended. Insurance company denied it, as the records they reviewed at the time did not demonstrate adequate conservative care.

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

The records provided for me adequately demonstrate excellent conservative care for this patient. The patient has traumatic hemorrhagic bursitis, and steroid injections are not indicated for this. However, aspiration as well as activity restrictions and therapeutic measures have been unsuccessful in this patient. The requested surgical procedure is reasonable and necessary for this patient and should be approved under ODG Guidelines and standard orthopedic principles.

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

(Check any of the following that were used in the course of your review.)

- 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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)