



REVIEWER'S REPORT

DATE OF REVIEW: 04/20/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OF SERVICES IN DISPUTE:

Right partial medial meniscectomy.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., orthopedic surgeon with experience in the evaluation and treatment of knee-injured patients

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. ZRC forms
2. TDI referral forms
3. Denial letters, 02/19/08 and 03/06/08
4. Requestor records
5. Clinic notes, 01/10/08, 02/11/08, 02/18/08, 03/27/08
6. MRI scan, right knee, 01/07/08
7. Physical therapy records between 01/28/08 and 02/06/08 including daily records and initial evaluation on 01/28/08
8. URA records including the UR referral form, 02/12/08, and the appeal request, 02/18/08
9. ODG Guidelines were not presented for review.

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This unfortunate male suffered an injury to his right lower extremity when a spool of wire weighing approximately 600 pounds apparently fell on him, injuring his right lower

extremity. He was evaluated and treated by Dr. for pain, swelling, instability, locking, and effusion of the right knee. An MRI scan revealed changes compatible with osteoarthritis as well as medial meniscus degeneration and tearing of the medial meniscus. A previous request for preauthorization for right knee arthroscopy and medial meniscectomy was denied initially on the basis of insufficient medical records to justify the procedure. The second denial was on the basis that the findings possibly did not relate to the trauma or that the procedure was not warranted.

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

This patient suffers symptoms compatible with osteoarthritis as well as mechanical abnormalities in the right knee attributed to an injury suffered. He likely suffered osteoarthritis of the right knee prior to the injury and may well have worsened this condition as part of the injury. Under either circumstance, his symptoms are compatible with osteoarthritis and mechanical internal derangement of the right knee. Arthroscopy of the knee and possible partial medial meniscectomy would be indicated and should be performed if the patient concurs.

DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR 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, 2008, page 719.
- 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.)