

IRO REVIEWER REPORT

DATE OF REVIEW: 12/01/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Arthroscopy, knee, diagnostic, with or without synovial biopsy

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

The TMF physician reviewer is a board certified orthopedic surgeon with an unrestricted license to practice in the state of Texas. The physician is in active practice and is familiar with the treatment or proposed treatment.

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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

It is determined that the arthroscopy, knee, diagnostic, with or without synovial biopsy is medically necessary to treat this patient's condition.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Information for requesting review by an IRO – 11/21/08
- Decision letter from – 10/17/08, 11/09/08
- Listing of information provided to from – 11/24/08
- Physician review recommendation by Dr. – 10/16/08

- Report of MRI of the right knee – 06/19/08
- Report of functional capacity evaluation – 08/14/08
- Office visit notes from Dr. – 06/30/08 to 11/03/08
- Copy of FAX from Dr. – 10/14/08, 11/04/08
- Letter of determination from for Work Hardening – 09/11/08
- Worker's Compensation Initial Evaluation Report by Dr. – 06/30/08
- Report of Range of Motion and Manual Muscle Testing – 09/08/08
- Report of exercises performed at Accident and Injury Rehab – 07/10/08 to 08/06/08
- Office notes from Dr.– 07/10/08 to 08/06/08
- Mental Health & Behavior Assessment – 08/08/08

PATIENT CLINICAL HISTORY [SUMMARY]:

This patient sustained a work related injury on xx/xx/xx when he stepped between two heavy boxes causing him to twist his right knee and fall while he was in his truck sorting packages. An MRI of the right knee indicated chondromalacia patella and multiple small areas of probable bone contusion or bone bruise. He has been treated with medications and anti-inflammatories as well as the use of a knee brace.

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

This patient is suffering from a twisting straining injury to the right knee. He suffers pain despite treatment with medications and physical therapy. The medical record documentation indicates that he has diminished range of motion in the right knee with tenderness in the medial joint.

The ODG, 2008, Knee Chapter, diagnostic arthroscopy passage states that criteria for the performance of a diagnostic arthroscopy are as follows:

1. Conservative care: Medications or physical therapy
2. Subjective clinical findings: Pain and functional limitations continue despite conservative care
3. Imaging Clinical Findings: Imaging is inconclusive.

The medical record documentation indicates that this patient meets the above criteria.

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)