

Parker Healthcare Management Organization, Inc.

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Notice of Independent Review Decision

DATE OF REVIEW: FEBRUARY 28, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of proposed left knee arthroscopy, ACL repair, synovectomy, meniscectomy, meniscal repair (29870, 29888, 29876, 29881, 29882)

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)
- XX 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
unk	29870, 29876, 29881, 29882		Prosp	1					Overturned
Unk	29888		Prosp	1					Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

TDI-HWCN-Request for an IRO-18 pages

Respondent records- a total of 69 pages of records received to include but not limited to:
Records from Dr., 10.9.07-1.04.08; Order, notes, Dr.,8.12.03; Center report, 10.10.03; MRI
left knee 7.17.03, 6.1.07; letters from, 12.26.07, 1.11.08; ODG not provided

Requestor records- a total of 30 pages of records received to include but not limited to:
Records from Dr., 10.9.07-1.24.08; MRI left knee 7.17.03, 6.1.07

PATIENT CLINICAL HISTORY [SUMMARY]:

This patient sustained a work related injury 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/GUIDELINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.

DENIAL REGARDING LEFT KNEE ARTHROSCOPY, SYNOVECTOMY, MENISCECTOMY, AND MENISCAL REPAIR: Overturned. The reason has to do with the findings of the MRI dated 06/01/07 in which there were lateral meniscal changes and possible old changes vs. further active tearing of the lateral meniscus. The patient is continuing to have symptoms. The indication for surgical intervention is self imminent based on this.

DENIAL OF ACL REPAIR: The denial of ACL repair is upheld. The reason is based on the findings of the prior evaluation and MRI of 07/18/2003 and subsequent surgery and arthroscopy of 10/10/2003. In xx/xxxx, there was a suspected injury to the ACL. However, this was not confirmed on arthroscopic evaluation including manipulation of the knee under anesthesia. Subsequently with this new injury, the patient has had an MRI. That MRI impression was "no evidence of tear of the ACL." Therefore, new changes to the ACL are not identified.

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