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Notice of Independent Review Decision

DATE OF REVIEW: 07/09/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Outpatient left knee arthroscopic with removal of loose body and chondroplasty

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

Board Certified in Orthopedic Surgery

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.

Outpatient left knee arthroscopic with removal of loose body and chondroplasty -
Overturned

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Examination Evaluation, M.D., 04/30/08, 05/19/08
- MRI of the left knee, M.D., 05/13/08
- Request for scope, removal loose body, chondroplasty left knee, Dr. 05/27/08
- Appeal, 06/10/08
- Letter from Dr. objecting the denial, 06/13/08
- Notice of Assignment of Independent Review Organization, TDI, 06/20/08
- Patient Information Sheet, undated
- The **ODG Guidelines** were provided by the carrier or the URA

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient was reported to have an insidious onset of anterior left knee pain around the kneecap, associated with repetitive climbing on his job of installing landscape lighting. He had a prior history of arthroscopic surgery on the left knee as well as a prior history of meniscal tear of the left knee.

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

In my medical opinion, I do feel that because of this patient's objective and subjective complaints, a left knee arthroscopy would be appropriate, reasonable, and medically necessary in accordance with **ODG Guidelines**.

This patient has subjective complaints of anterior knee pain, with typical symptoms of patellofemoral instability or pain, which is that of locking, popping, and giving out, and a subjective feeling of instability or being unable to stretch the knee.

Clinically, objectively, he has significant effusion of the knee, with anterior knee pain and patellofemoral crepitus. His MRI was significant in that he has degenerative changes of the knee that have obviously been aggravated by the injury. From an objective standpoint, this patient is at risk for further injury and I do not feel, after reviewing the MRI, that he is going to get better with conservative effort. His knee has been treated conservatively now for over two months, including alteration of his activity, yet has not improved. If he just had some patellofemoral malacia, this would have resolved over a six to eight week period and it has not.

Therefore, I feel he will require arthroscopy, debridement of his patellofemoral joint, and evaluation of both menisci, according to the MRI findings.

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)