

Notice of Independent Review Decision

REVIEWER'S REPORT

DATE OF REVIEW: 05/27/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Arthroscopy, knee, surgical, with meniscectomy (medial & lateral, including any meniscal, on 04/21/08)

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., board certified orthopedic surgeon

REVIEW OUTCOME:

Upon independent review, I find that the previous adverse determination or determinations should be:

- Upheld (Agree)
 Overturned (Disagree)
 Partially Overturned (Agree in part/Disagree in part)

<i>Primary Diagnosis Code</i>	<i>Service Being Denied</i>	<i>Billing Modifier</i>	<i>Type of Review</i>	<i>Units</i>	<i>Date(s) of Service</i>	<i>Amount Billed</i>	<i>Date of Injury</i>	<i>DWC Claim #</i>	<i>Upheld Overturn</i>
836.1	29880		Prosp.						Overturn

INFORMATION PROVIDED FOR REVIEW:

1. TDI case assignment
2. Letters of denial and peer review recommendations 04/22/08 & 04/28/08, criteria used in denial (ODG).
3. Treatment documentation
 - a. correspondence 04/28/08
 - b. surgeries or procedure to be scheduled & orthopedic note 03/11/08
 - c. radiology reports 03/03/06
 - d. orthopedic note 02/26/08

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The patient states he squatted at work and had the onset of pain, popping, and had continued pain in the medial joint line after that time. Exam by the surgeon was felt to be consistent with torn meniscus. Plain films showed either normal or slight medial joint narrowing. MRI scan was interpreted as showing a tear of the medial meniscus, and yet was different from an exam that had been done previously.

By history the patient has had a previous arthroscopic procedure, reportedly chondroplasty of the medial femoral condyle and partial synovectomy. It is not known exactly how much the patient continued to have symptoms after that, but apparently did report some symptoms on an ongoing

basis as best I can tell. The patient apparently had not improved with his non-operative treatment.

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

I think the difficulty in this case is whether the pain that the patient has is a continuation of his original injury in previous surgery or a major change with new findings. It is much easier for a treating physician to analyze than a reviewer of a paper chart. The treating physician felt like the patient had a meniscal tear. His symptoms were consistent with same with tenderness at the medial joint line, increased pain with McMurray's maneuver, swelling, and failure to improve with conservative care, along with a positive and changed MRI scan. In light of that, it was his clinical judgment that he should proceed with partial medial meniscectomy. In light of the failure of the patient to improve with non-operative care and symptoms suggestive of a new tear of his medial meniscus while with MRI scan changes showing same, it is reasonable to proceed with arthroscopy in this individual.

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 judgment, 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.)
-