



REVIEWER'S REPORT

DATE OF REVIEW: 06/28/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OF SERVICES IN DISPUTE:

Left knee arthroscopy and chondroplasty.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., board certified orthopedic surgeon with extensive experience in the evaluation and treatment of the 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. TDI Referral
2. URA findings, 8/11/07 to 5/30/08
3. office notes, 9/5/07 through 5/30/08
4. , MRI of the knee, 6/25/2007
5. , PT, office note, 3/27/2008

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This xx-year-old male presented with complaints of left knee pain subsequent to an injury on xx/xx/xx. He has undergone two prior arthroscopic procedures without significant benefit. He has persistent left knee pain.

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

The mechanism of injury is not documented. The prior operative notes are not provided. The advanced imaging study, specifically and MRI scan, is more than one year old. It documented only a small medial meniscus and cartilaginous changes. There are no positive physical findings and no symptoms suggestive of mechanical internal derangement of the knee which might be benefited by arthroscopic surgical approach.

DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR DECISION:

(Check any of the following that were used in the course of your review.)

- 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, Knee Chapter 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.)