

Parker Healthcare Management Organization, Inc.

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DATE OF REVIEW: MARCH 17, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of proposed left knee diagnostic excision of scar tissue, possible open procedure (29870)

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)
- 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
718.56	29870		Prosp	1					Overturned

INFORMATION PROVIDED TO THE IRO FOR REVIEW

TDI-HWCN-Request for an IRO-20 pages

Respondent records- a total of 82 pages of records received to include but not limited to: letter 12.11.07, 12.28.07, 1.18.08; records from Dr. 8.22.07-1.4.08;

Records from Rehabilitation Centers, 9.25.07-10.16.07; Labs, 9.13.07-9.17.07; MRI left knee, 8.15.07 ; request for preauthorization 12.26.07, 12.20.07

Requestor records- a total of 40 pages of records received to include but not limited to: Request for IRO forms; letter 1.18.08; records from Dr. 8.22.07-1.4.08; records from Rehabilitation Centers, 9.25.07-10.16.07; Labs, 9.13.07-9.17.07; MRI left knee, 8.15.07

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient sustained a work related on the job injury.

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/GUIDLEINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.

The denial is overturned. This is a professional judgment matter between the patient and the surgeon that has been caring for this patient, who has examined him and recognizes through education, training, and experience, the effect that the postoperative scar tissue is having on the knee in terms of pain and loss of motion. Both of these are documented within the records that were available for review.

A third party physician reviewer who has never seen this patient has no way to make a negative determination. There is no peer-reviewed level I or level II evidence-based study to suggest or give guidelines on how this should be managed. ODG does not address this specific issue. It is within the orthopedic community standard of care. Therefore, based on the medical records and my professional experience, this procedure is deemed medical appropriate.

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

XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

XX ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES WERE REVIEWED BUT DO NOT ADDRESS THIS ISSUE.