

Applied Resolutions LLC

An Independent Review Organization
1124 N. Fielder Road, #179, Arlington, TX 76012
(512) 772-1863 (phone)
(512) 853-4329 (fax)

Notice of Independent Review Decision

DATE OF REVIEW: 05/04/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Left kneecap revision, 27438, 20985, 20926, G0289

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

M.D., Board Certified Orthopedic Surgeon

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)

Upon independent review the reviewer finds that the requested left kneecap revision, 27438, 20985, 20926, G0289 is not medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Adverse determination letters, 04/03/08, 04/11/08
ODG Guidelines and Treatment Guidelines
Follow-Up Office Visits, 04/14/08, 04/28/08, 03/24/08
Knee Evaluations, 02/25/08, 02/13/08
New Patient Note, 01/16/08
Operative Report, 02/15/08
Preoperative and Postoperative notes, 02/13/08 and 02/25/08

PATIENT CLINICAL HISTORY [SUMMARY]:

This is a xx-year-old injured worker who had knee pain after falling on her knee directly at work. Apparently she was attacked by a co-worker on xx/xx/xx and during the scuffle was knocked down, injuring her left knee. She has had pain ever since. She had therapy and medication without relief. She has had two previous arthroscopies. She has complaints of medial knee pain and decrease in range of motion of 0 degrees to 105 degrees. She has swelling, start-up stiffness, night pain, and give-way weakness. This patient has had previous treatment with physical therapy, anti-inflammatory medications, and pain medications, but conservative treatment methods for her present condition have not been exhausted.

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

The provided medical records and ODG Guidelines do not support the requested kneecap revision in this patient at this time. She has relatively recent perioperative period following recent arthroscopy with a paucity of conservative measures to treat her continuing pain. The criteria set forth for kneecap revision in the ODG Guidelines require that conservative measures have been exhausted in this instance. This has not been established in the provided medical records. Therefore, at this time she is not a candidate for a left kneecap revision. It is for this reason, the previous adverse determination is upheld.

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)