



Notice of Independent Review Decision

DATE OF REVIEW: 11/10/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Knee arthroscopy with meniscectomy and debridement.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., Board Certified in Orthopedic Surgery

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>
836.0	29881	NA	Prosp.						Overturn
715.16	29877	NA	Prosp.						Overturn

INFORMATION PROVIDED FOR REVIEW:

1. TDI case assignment
2. Letters of denial, 09/08/08 and 09/29/08 and criteria used in the denial (ODG)
3. History and physical and followup visits, 01/14/08 through 09/18/08 (10 visits)
4. Radiology reports, 01/14/08, 02/15/08, and 08/21/08

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This female injured her left knee while at work. She suffered a direct blow to the anterior aspect of her knee. She iced it overnight. However, she continued to have symptoms. Despite conservative treatment through the occupational medicine clinic, she continued to have pain and symptoms. MRI scan was obtained, and it revealed a partial tear of the posterior cruciate ligament, small Baker's cyst, and some signal in the posterior horn of the medial meniscus. She received a steroid injection to the knee in addition to conservative medical management. She had no relief of her symptoms. Her chief complaint was pain and swelling in her knee. No locking or mechanical symptoms were noted. After failing conservative management, the occupational medicine clinic referred her to an orthopedic surgeon. The patient also received a second opinion. Due to MRI scan findings and failure to respond to conservative management, knee arthroscopy was recommended.

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

The patient has chronic pain after direct blow to the knee. She has very minimal degenerative changes and complaints of pain, as well as medial joint line tenderness. The patient has evidence of a posterior cruciate ligament tear on the MRI scan, as well as signal in the posterior horn of the medial meniscus. Due to failure to respond to conservative management, positive MRI scan findings, and the documented history of no pre-existing knee pain, arthroscopic management is indicated at this time. This is supported by the ODG Guidelines, as well as standard medical orthopedic practice.

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.)