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Notice of Independent Review Decision

DATE OF REVIEW: 10/22/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Examination under anesthesia, arthroscopy, left knee debridement chondromalacia, and possible chondroplasty

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

Licensed in Orthopedic Surgery

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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

Examination under anesthesia, arthroscopy, left knee debridement chondromalacia, and possible chondroplasty - Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Required Medical Examination (RME), M.D., 04/16/08
- Notice of Disputed Issue(s) and Refusal to Pay Benefits, 06/03/08

- Clarification on RME performed on 04/16/08, Dr. 06/16/08
- Examination Evaluation, M.D., 06/16/08, 06/30/08, 08/18/08, 08/29/08, 06/30/08, 09/05/08, 09/15/08,
- MRI of the left knee, M.D., 06/25/08
- Worker's Compensation Initial Evaluation Report, D.C., 06/25/08
- Progress Notes, Dr. 06/30/08
- Behavioral Health Services Mental Health & Behavior Assessment, LCSW and Ph.D., 07/14/08
- Adverse Determination, 08/28/08, 08/29/08, 09/16/08, 09/18/08
- The ODG Guidelines were not provided by the carrier or the URA.

PATIENT CLINICAL HISTORY (SUMMARY):

The patient was injured on the job while pulling a barrel. It was noted that her left knee popped and she experienced significant pain. She has undergone an MRI, physical therapy, a home exercise program, five cortisone injections as well as surgery. Her most recent medications were noted to be Lortab, Neurontin, Naproxyn, and Ambien.

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

The medical records provided indicate prior surgery times two to the knee with poor results after each surgery. The current clinical information, while quoting an MRI scan of the knee showing a tear of the medial meniscus, is not an MR arthrogram. At this time for post surgical knees, MR arthrography is more definitive for finding true pathology, as meniscii post surgeries have the appearance of abnormal finding that one would not see at surgery. Also the patient at this time does not have documented conservative treatment. Prior Peer Review felt conservative treatment with at least one intraarticular injection was indicated, and the treating physician, Dr. did not disagree with that opinion. At this time it is quite possible this patient, after two poor surgical results, does not have a very good percentage for a good outcome after a third surgical procedure, especially in light of significant degenerative changes being present. I feel that this is in line with ODG web-based criteria that recommends conservative treatment, and the medical records provided do not indicate appropriate conservative management having been performed.

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)**