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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Apr/01/2009

IRO CASE #:

19023

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Rt Knee Scope: ACL Reconstruction with Hemocyte Tissue as modifier 29888, 20926, Rt. Knee Brace purchase L1832

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

M.D., board certified 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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Adverse Determination Letters, 1/15/09, 2/10/09

ODG Guidelines and Treatment Guidelines

Dr. 12/11/08

MRI Knee w/o contrast, 12/9/08

12/11/08, 12/10/08

PATIENT CLINICAL HISTORY SUMMARY

This is a patient who was injured at work while he was in a scuffle resulting in a twisting injury to his knee. The request is for anterior cruciate ligament reconstruction with hemocyte tissue as modifier. The previous reviewer has not contested the medical necessity of the ACL reconstruction but merely noted that because the provider did not document necessity for the hemocyte tissue as modifier, this procedure was therefore denied.

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

Based on the medical records and MRI scan, it is a clear-cut complete disruption of the anterior cruciate ligament. This in and of itself based upon the medical records and the treatment to date would warrant an anterior cruciate ligament reconstruction. The current provider has requested hemocyte tissue modification, which is considered currently to be a viable adjunct to an ACL reconstruction. Given the medical records provided, this reviewer feels that this particular patient does indeed conform to the ODG Treatment Guidelines as mandated by the state, and, therefore, the medical necessity for this procedure having been supported by the records, the previous adverse determination is overturned. The reviewer finds that medical necessity exists for Rt Knee Scope: ACL Reconstruction with Hemocyte Tissue as modifier 29888, 20926, Rt. Knee Brace purchase L1832.

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

- ACOEM-AMERICA 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)