

# Parker Healthcare Management Organization, Inc.

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## Notice of Independent Review Decision

**DATE OF REVIEW:** APRIL 20, 2009

**IRO CASE #:**

### **DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Medical necessity of proposed knee arthroscopy with medial and lateral meniscectomy, debridement (29880, 29877, 64450)

### **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
836.1, 836.0, 719.46	64450, 29877, 29880		Prosp	1					Overturned

### **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient sustained a work related on the job injury on xx/xx/xx.

**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 patient has unexplained pain. She has evidence of a meniscal tear reaching the tibial surface. There is pain at the medial joint line. The MRI did not demonstrate arthritis. The presence of preexisting changes does not negate the meniscal tear which was not interpreted as a degenerative tear. An arthroscopy is diagnostic as well as therapeutic and is a useful tool in an attempt to evaluate the extent of pain created by the injury and treat the findings based on indications at the time of the diagnostic procedure. No treatment can be considered guaranteed to produce benefit.

The practice of medicine is an art based on science and cannot be presumed 100% precise. Therefore, weight should be given to the requesting surgeon. The indication for the arthroscopy is as a diagnostic procedure to attempt to explain post traumatic pain and therapeutic need based upon the findings at the time of the surgery. Again, the indications have to do with the fact that the MRI was not interpreted as normal, all treatments thus far have failed, and evidence of a meniscal tear reaching the tibial surface. This complies with generally accepted guidelines and community standards.

**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