

Notice of Independent Review Decision

**IRO REVIEWER REPORT**

DATE OF REVIEW: 08/31/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

29889 Knee arthroscopy/surgery

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

The TMF physician reviewer is a board certified orthopedic surgeon with an unrestricted license to practice in the state of Texas. The physician is in active practice and is familiar with the treatment or proposed treatment.

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.

It is determined that the 29889 Knee arthroscopy/surgery is not medically necessary to treat this patient's condition.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

- Information for requesting a review by an IRO – 08/17/09
- Decision letter for – 07/14/09, 08/11/09

- Physician advisor determination – 08/07/09
- History and Physical by Dr. – 04/20/09
- Office visit notes by Dr. – 07/06/09
- Interpretation of radiographs by Dr. – 10/30/08,11/06/08
- Orthopedic note by Dr – 03/24/09
- Report of MRI of the left knee – 10/28/08, 02/19/09
- Operative report by Dr. – 12/01/08
- Physical/Occupational therapy rehab assessment – 12/30/08 to 02/06/09
- Physical therapy notes – 03/02/09 to 02/23/09
- Report of MRI of the cervical spine – 05/11/09
- Review by Dr. – 06/16/09
- Office visit notes by Dr. – 06/18/09
- Discharge summary from Hospital by Dr. – 06/04/09
- Office visit notes by Dr. – 12/04/08 to 02/06/09

**PATIENT CLINICAL HISTORY [SUMMARY]:**

This patient sustained a work related injury to his left knee when he tripped over some railroad ties on xx/xx/xx. He underwent an arthroscopic surgical procedure on 12/01/08 including resection of suprapatellar plica and repair of lateral meniscus tear. He was treated with post operative physical therapy and was doing well until he began developing episodes of giving way. He underwent anterior cervical discectomy and fusion C4-C5 on 06/03/09. He suffers myelopathy with spastic findings in the lower extremities. Babinski sign +, ankle and patellar reflex clonus is evident. The physical finding are not consistent and MRI finding are not consistent.

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

There are inconsistent physical findings. The etiology of the giving way episodes has not been determined with reliability. There are MRI findings which suggest that the patient has intact ACL and PCL cruciate ligaments. Criteria for the performance ACL and PCL reconstructions have not been met.

**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)

Anterior cruciat ligament (ACL) reconstruction: (Hinterwimmer, 2003), (Linko-Cochrane, 2005), (Biau, 2006), (Wright, 2007), (Wulf, 2008), (Luber, 2008), (Neuman, 2008), (Angebert, 2008)

Posterior cruciate ligament (PCL) repair: (Peccin-Cochrane, 2005)