

SOUTHWEST MEDICAL EXAMINATION SERVICES, INC.
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Notice of Independent Review Decision

DATE OF REVIEW: December 4, 2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Arthroscopy, mini-arthrotomy and chondroplasty; repair of the medial meniscus with possible resurfacing of compartment and patella of the right knee to include CPT code #29871, 27310, 29877.

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

Diplomate, American Board of Orthopaedic 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)

Arthroscopic partial medial meniscectomy is supported by the records. The other CPT codes for arthrotomy and patellar resurfacing do not appear to be supported by ODG Guidelines. Therefore, the only appropriate CPT code in this case is 29877. The other two codes do not appear to be medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

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Medical records from the Carrier include:

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Medical records from M.D. include:

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Medical records from the Requestor/Provider include:

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PATIENT CLINICAL HISTORY:

This case involves a female who sustained a twisting injury while walking up the stairs . She was treated with non-steroidals, bracing, and therapy. She was referred to Dr. He performed an injection, prescribed Darvocet, and subsequently recommended right knee arthroscopy with partial medial meniscectomy. This was declined by the carrier.

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

I note requested CPT codes in this case of 29871, 27310, and 29877. It is my opinion that arthroscopic partial medial meniscectomy is supported by ODG Guidelines. According to ODG, the patient meets all criteria including imaging criteria, physical examination, and conservative care. Therefore, arthroscopic partial medial meniscectomy is supported by the records.

The other CPT codes for arthrotomy and patellar resurfacing do not appear to be supported by ODG Guidelines. Therefore, the only appropriate CPT code in this case is 29877. The other two codes do not appear to be medically necessary.

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

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- 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**

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- 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)**