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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Dec/01/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

29881 Left Knee Arthroscopy

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, 10/19/09, 10/30/09

IRO Summary from Carrier, 11/13/09

Orthopaedic Group, MD, 7/2/09, 10/8/09

Dr. Urgent Care, 5/27/09

Urgent Care, Exam Notes, 7/27/09, 8/11/09, 8/12/09, 9/8/09

Urgent Care, Exam Notes, 6/4/09, 6/11/09, 6/19/09, 7/3/09

Dr. 7/3/09

Physical Therapy Institute 7/30/09 (Evaluation), 8/5/09, 8/11/09, 8/13/09, 8/18/09, 8/20/09, 8/27/09, 9/2/09, 8 visits)

Arthrocentesis aspiration, 7/2/09

Employers First Report of Injury or Illness, xx/xx/xx

Workers Comp Request, undated

Physical Therapy Referral, 7/27/09

Note of Patient Phone Call, 9/9/09

ODG Guidelines and Treatment Guidelines

PATIENT CLINICAL HISTORY SUMMARY

This is a female with a history of end-stage right knee degenerative changes and recurrent complaint of left knee torn meniscus. The right knee has been treated, and it was recommended for her end-stage osteoarthritis that she undergo a total knee replacement. She injured her shoulder also in the accident and has a rotator cuff tear, according to the history. X-rays of the left knee and the MRI scan of 06/18/09 describe some osteoarthritis,

which is moderate, along with a horizontal posterior medial meniscus tear. The patient has undergone conservative care including physical therapy and a knee cortisone injection.

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

The role of the IRO is to address medical necessity only. Given the MRI scan findings, which are said to be torn meniscus with some osteoarthritis compatible with the patient's age and, in particular given the fact that this is a flap tear rather than typical shredded degenerative tear, it would appear that this meniscal injury would be amenable to arthroscopic surgery. Based upon a strict reading of the four corners of the MRI scan report in the medical records, it would appear to this reviewer that the spirit of the ODG Guidelines concerning arthroscopy and meniscectomy from a medical necessity standpoint have been satisfied. It is for this reason that the previous adverse determination has been overturned. The reviewer finds that medical necessity exists for 29881 Left Knee Arthroscopy.

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)