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IRO Certificate #4599

Notice of Independent Review Decision

DATE OF REVIEW: 2/23/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Left knee: Removal bone mulch screw; debridement ACL, cyst; possible med. and/or lat. meniscectomy

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

Board Certified in Orthopaedic Surgery

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld (Agree)

X 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.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Denials, 01/13, 01/30/09
report, 04/22/04
Letters to/from Dr. , 02/04/09 & 12/16/08
History report, , 02/13/06
Radiology (MRI) reports, 01/02/09, 12/29/08
Operative report, 02/16/06

ODG Guidelines

PATIENT CLINICAL HISTORY [SUMMARY]:

This case involves a xx-year-old female. She suffered an injury to the left knee when she slipped when stepping into a recessed “cubby”. She underwent surgery 10/09/03 on the knee which included the installation of a mulch screw and again in November 2004. On 02/16/06 she underwent another surgery to remove a ganglion cyst and the insertion of the patellar tendon into the tibial tubercle.

An MRI shows abnormal-appearance of the ACL graft. It appears to be non-functioning. Dr. recommends debridement, additional cyst removal, removal of the bone mulch screw, and reconstruction of the ACL.

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

I disagree with the decision to deny the requested services. The denial of the requested removal of the screw is solely based on the screw being intact. This screw is interfering and was installed to keep the graft in place, but is now in the way of any future reconstruction. The ACL graft has ruptured and needs to be debrided and the hardware needs to be removed. At this stage, reconstruction would be of benefit to the patient. The requested procedures are all reasonable and necessary to reconstruct and stabilize the patient.

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

X MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

MILLIMAN CARE GUIDELINES

X 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)