

Becket Systems Inc.

An Independent Review Organization

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Notice of Independent Review Decision

DATE OF REVIEW: FEBRUARY 18, 2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Outpatient left knee arthroscopy, diagnostic, with or without synovial biopsy, debridement, anterior cruciate ligament repair

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

MD, Board Certified Orthopedic Surgeon

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.

The reviewer finds that medical necessity exists for outpatient left knee arthroscopy, diagnostic, with or without synovial biopsy, debridement, anterior cruciate ligament repair

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Adverse Determination Letters, 1/15/09, 1/6/09

ODG Guidelines and Treatment Guidelines

Clinic Notes, 11/13/08, 11/25/08, 12/3/08

Medication Profile, undated

Surgery Scheduling Sheet, 12/22/08

, 12/22/08, 12/10/08

MRI, 11/25/08

SOAP Notes, 11/26/08, 12/1/08, 12/3/08, 12/5/08, 12/8/08, 12/10/08, 12/12/08,

12/17/08, 12/18/08, 12/22/08

PATIENT CLINICAL HISTORY [SUMMARY]:

This xx-year-old female, according to history, sustained an injury while working. A apparently fell on her, knocked her down, and her knee buckled. She had an MRI scan documenting a torn anterior cruciate ligament. Previous reviewer denied the surgery based upon some degenerative changes that were found on the MRI scan. The current request is for knee arthroscopy and anterior cruciate ligament reconstruction.

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

According to the medical records provided for this review, this is a xx-year-old female with findings of mild degenerative change on her MRI scan, consistent with her age. The records do not indicate any full thickness type defects. The patient has the clinical findings and symptoms and MRI scan confirmation of an anterior cruciate ligament disruption. Based upon these findings in the medical record, it is this reviewer's opinion that the medical necessity for this procedure has been established. The reviewer finds that medical necessity exists for outpatient left knee arthroscopy, diagnostic, with or without synovial biopsy, debridement, anterior cruciate ligament repair.

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)**