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IRO Certificate #4599

Notice of Independent Review Decision

DATE OF REVIEW: 1/21/09

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Arthroscopic right knee surgery w meniscectomy

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

Board Certified in Orthopedic Surgery

REVIEW OUTCOME

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

X 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.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Adverse determination letters
Request for surgery 11/19/08
Progress note 10/22/08, Dr.
medical history 10/22/08
MRI report 10/27/08

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a xx-year-old male who twisted his right knee while walking, and developed pain and swelling. The patient was appropriately evaluated by an orthopedic surgeon and treated with medication. The patient complained of pain on follow-up visits, and the patient was diagnosed with a knee strain and possible torn meniscus. A 10/27/08 MRI showed severe patellofemoral arthritis, lateral compartment arthritis, intact ligaments, small joint effusion with questionable synovitis associated with the joint, a tear to the posterior horn/osteromedial corner of the medial meniscus, some free edge fibrillation of the medial meniscus without discrete linear surfacing meniscal tear.

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

I agree with the denial of the requested knee surgery. This opinion is based on history and physical, MRI and limited records provided for this review. The findings on MRI are not unusual for patients of this patient's age and occupation, and such findings are not indicative of a need for surgery, and the symptoms can be treated non-operatively. The duration of treatment from the time of injury in xx/xx and request for surgery in December 2008 was inadequate to fulfill a non-operative conservative treatment program such as muscle build-up with proper exercise, treatment that will aid and increase the range of motion, and stamina. The records did not mention any mention of medication specifically targeted towards the knee injury, such as non-steroid anti-inflammatories for swelling and pain, and did not mention the extent to which any treatments provided were beneficial. Clinically there was a lack of range of motion, but this is often overcome with an exercise, muscle build-up program. Additionally, no record provided for this review gave any indication of popping, clicking, locking of the knee, or a grinding sensation or a giving way, and no Mc Murray sign was indicated, all of which suggest meniscal injury.

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 KNOWLEDGBASE
- 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)