

Notice of Independent Review Decision  
**AMENDED DECISION**  
 Dates omitted from page 2

**DATE OF REVIEW:** 01/14/09

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Repeat left knee arthroscopy **and meniscal tear repair**

**DESCRIPTION OF QUALIFICATIONS OF REVIEWER:**

M.D., Board Certified in Orthopedic Surgery

**REVIEW OUTCOME:**

Upon independent review, I find that the previous adverse determination or determinations should be:

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

<i>Primary Diagnosis Code</i>	<i>Service Being Denied</i>	<i>Billing Modifier</i>	<i>Type of Review</i>	<i>Units</i>	<i>Date(s) of Service</i>	<i>Amount Billed</i>	<i>Date of Injury</i>	<i>DWC Claim #</i>	<i>Upheld Overturn</i>
924.11	29881		Prosp.		10/30/08				Overturn
924.11	29881		Prosp.		11/20/08				Overturn

**INFORMATION PROVIDED FOR REVIEW:**

1. TDI case assignment.
2. Letters of denial dated 11/05/08 & 12/02/08, including criteria used in denial.
3. Emails from URA regarding denial
5. Preauthorization requests for authorization
6. MRI scan dated 08/19/08 of the left knee
7. H&P 07/02/08
7. Notes from treating orthopedist dated 10/29/08 and 10/01/08

**INJURED EMPLOYEE CLINICAL HISTORY (Summary):**

The patient suffered a work-related injury to the knee on xx/xx/xx. The patient has undergone knee arthroscopy with medial meniscal debridement and chondroplasty approximately fourteen months ago. The patient continued with persistent medial-sided knee pain as well as some mechanical symptoms such as locking and catching. The patient had a positive McMurray's test and medial joint line tenderness and an MRI scan that showed postoperative changes. Repeat arthroscopy **and meniscal tear repair** was denied by the insurance company as medically unreasonable.

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

The patient had persistent pain. **He had done** well initially after debridement of a degenerative meniscal tear. The patient most likely has a recurrent tear as evidenced by the recurrent pain and mechanical symptoms. The patient does have underlying osteoarthritis, and knee arthroscopy **and meniscal tear repair** would probably not necessarily rid the patient completely of the pain. However, it should help with the mechanical symptoms. Both the patient and the surgeon have expressed understanding of this.

**DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR 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 judgment, 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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)