

I-Decisions Inc.

An Independent Review Organization

71 Court Street

Belfast, Maine 04915

(207) 338-1141 (phone)

(866) 676-7547 (fax)

Notice of Independent Review Decision

DATE OF REVIEW: JANUARY 3, 2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Left Knee Arthroscopy, partial removal of bone, decompression of nerve (CPT 29881, 27360, 64722)

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 does not exist for Left Knee Arthroscopy, partial removal of bone, decompression of nerve (CPT 29881, 27360, 64722).

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Adverse Determination Letters, 12/6/08, 11/17/08

ODG Guidelines and Treatment Guidelines

Dr. , MD, 10/29/08, 10/31/08, 10/30/08, 12/5/08, 11/6/08, 11/3/08

MRI of Left Knee, 10/29/08

MCN, 11/21/08

Health History Questionnaire, 10/29/08

PATIENT CLINICAL HISTORY [SUMMARY]:

This is a xx-year-old male who, according to history, was injured while at work. He has had a previous arthroscopy performed on the left knee. He has an MRI scan, which shows a questionable tear of the posterior horn of the medial meniscus. He has a mass over the fibula and a positive Tinel's sign over the peroneal nerve. There is no evidence in the medical records of EMG/nerve conduction study or peroneal nerve block for further diagnostic security. There is no evidence in the records provided for review that there has been conservative care for meniscal lesion. The previous reviewer commented on the lack of conservative treatment for the meniscal injury.

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

Based on medical records and the absence of conservative care as the previous reviewer has noted, and given the subtlety of the findings of the posterior horn of the medial meniscus injury on the MRI scan, the procedure cannot be justified as medically necessary. ODG Guidelines for operative intervention have not been met. The reviewer finds that medical necessity does not exist for Left Knee Arthroscopy, partial removal of bone, decompression of nerve (CPT 29881, 27360, 64722).

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)**