

C-IRO Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Jul/20/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

EUA arthroscopy of the left knee

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

M.D., board certified in Orthopedic Surgery

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Adverse Determination letters, 06/11/09, 05/14/09
2. Letter from law firm, 07/06/09
3. ODG/DWC knee and leg
4. Bone and Joint Clinic, M.D., 06/03/09, 04/29/09, 05/06/09, 05/19/09, 05/12/09, 06/01/09, 06/03/09, 06/11/09, 07/02/09, 07/13/09
5. MRI scan of the left knee, 05/04/09
6. ODG Guidelines and Treatment Guidelines

PATIENT CLINICAL HISTORY SUMMARY

This is a claimant who reports an injury on xx/xx/xx when he fell off a fourteen-foot ladder. He had pain in his left knee. There was no effusion. He was able to ambulate with pain. He was initially treated with immobilization and tramadol. He was seen and treated by the requesting surgeon. There was tenderness along the medial joint line. There was no clinical laxity. There was some narrowing of the joint line on the medial side seen on x-ray. There were no findings on McMurray's test or any clinical ligamentous laxity on physical examination. The first indication of any McMurray's finding was a note on 06/11/09 by the treating physician that there was painful McMurray's, though not a positive one. It is not noted within this medical record whether this was medial or lateral. The physical findings throughout the records provided do not indicate ligamentous laxity nor effusion nor a positive McMurray's test or Apley's grind test. The patient has been treated with nonsteroidal anti-inflammatory medication but not physical therapy, according to the record. The MRI scan is

inconclusive. It shows osteophyte formation on the medial side, particularly the patellofemoral joint. There is some marrow edema near the tibial spine that attaches to the anterior cruciate ligament and nonvisualization of the anterior cruciate ligament. There is marrow edema also along the medial femoral condyle and the medial tibial plateau and loss of cartilage over the medial compartment. There is note of some abnormal signal within the posterior horn of the lateral meniscus. Current request is for arthroscopy and probable meniscectomy.

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

There are no current clinical or physical findings of a torn meniscus or torn anterior cruciate ligament in this patient's records. The physical exam is inconclusive. The MRI scan is inconclusive. Records indicate the only potential abnormality is the nonvisualized anterior cruciate ligament and a possible posterior horn lateral meniscus finding. Neither the physical findings nor the MRI scan would point toward a diagnostic arthroscopy. The request does not conform to the Official Disability Guidelines and Treatment Guidelines. The treating physician has not provided any reasons why the guidelines should be set aside. The reviewer finds that medical necessity does not exist for EUA arthroscopy of the left knee.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION

- ACOEM-AMERICA 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)