

Prime 400 LLC

An Independent Review Organization
240 Commercial Street, Suite D
Nevada City, CA 95959
Phone: (530) 554-4970
Fax: (530) 687-9015
Email: manager@prime400.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Jul/13/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

OP SX: Left knee Arthroscopic Debridement on chondral fx (29887)

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

ODG Guidelines and Treatment Guidelines

Adverse Determination Letters, 5/1/09, 5/29/09

Request for Preauthorization, 4/28/09

Bone & Joint Institute, 4/16/09, 3/16/09, 2/16/09, 2/5/09, 5/7/09, 6/10/09, 6/4/09

MRI Left Knee, 2/12/09

PATIENT CLINICAL HISTORY SUMMARY

This is a female injured on xx/xx/xx when she fell, landing on both knees. She has complaints of knee pain, swelling, and crepitus. She has had physical therapy and nonsteroidal anti-inflammatory medication, and injection. Upon review of the MRI scan, her provider feels that she has a chondral fracture affecting the patella. The radiologist states there are chondromalacic changes. The request is for arthroscopic debridement. Previous reviewers denied this on the basis that the MRI scan report did not indicate fracture.

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

The ODG Guidelines criteria for chondroplasty are as follows: conservative care and physical therapy, which she has had, plus subjective clinical findings of joint pain and swelling, which she has, plus objective clinical findings of effusion or crepitus, both of which she had documented by the MRI scan as to the effusion and crepitus. As to physical examination, there is limited range of motion -- she lacks complete extension as compared to

the opposite knee. She also has chondral imaging findings of chondromalacia on the MRI scan. It is for these reasons that whether or not there is a chondral fracture or simply chondromalacic changes, the request for arthroscopic debridement does meet the ODG criteria. The reviewer finds that medical necessity exists for OP SX: Left knee Arthroscopic Debridement on chondral fx (29887).

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)