

Parker Healthcare Management Organization, Inc.

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Notice of Independent Review Decision

DATE OF REVIEW: JULY 21, 2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of proposed right knee arthroscopy (29881, 29877) with partial meniscectomy

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

This case was reviewed by a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer specializes in orthopedic surgery and is engaged in the full time practice of medicine.

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)

Primary Diagnosis	Service being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim#	IRO Decision
836.1	29881, 29877		Prosp	1					Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

TDI-HWCN-Request for an IRO-19 pages

Respondent records- a total of 52 pages of records received to include but not limited to:
TDI letter 7.1.09; email dated 6.3.09, 6.9.09, 6.30.09; email dated 5.28.09, 6.1.09, 6.23.09;
Claims letter 6.10.09; records, Emergency Center, 5.8.09; Night Rays x-ray report 5.8.09; DWC form 73; records, Dr. 5.18.09-5.21.09; MRI Rt Knee 5.18.09

URA records- a total of 51 pages of records received to include but not limited to:
TDI letter, Request for an IRO forms; letters 6.2.09, 6.10.09, 7.1.09; notes Dr. 5.18.09-5.21.09;
MRI Rt Knee 5.18.09

Requestor records- a total of 0 pages of records received to include but not limited to:
Sent 1st records request 7.2.09; sent 2nd records request 7.10.09; left message regarding records
7.10.09; no response

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient sustained a work related on the job injury on xx/xx/xx.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDLEINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.

Based on the medical records, there is a paucity of objective findings in association with lack of definitive MRI findings. Per ODG Guidelines, surgery tends to fall into low yield. There is lack of documentation regarding conservative care and response to such care. A diagnostic arthroscopy can sort out the physical findings on MRI; however one cannot conclude that it is medically necessary in the absence of appropriate "conservative care," which again has not been documented. Therefore, medical necessity cannot be established.

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

XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

XX ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

XX PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE ("Meniscal Injury I. Basic signs and evaluation." JAAOS, volume 10, no. 3, May/June 2002, 168-1776. Robert Burks, M.D. et. All)