



REVIEWER'S REPORT

DATE OF REVIEW: 07/23/09

IRO CASE #:

DESCRIPTION OF THE SERVICE OF SERVICES IN DISPUTE:

Right knee arthroscopy with meniscectomy.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., board certified orthopedic surgeon with extensive experience in the evaluation and treatment of patients who have suffered knee injury

REVIEW OUTCOME:

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED FOR REVIEW:

1. forms
2. TDI referral forms
3. Denial letters dated 05/28/09 and 06/19/09
4. Requestor records
5. To Whom It May Concern letters dated 06/09/09 and 06/24/09
6. Clinical notes from 11/14/08 through 05/20/09
7. Return to work statements dated 12/12/08 through 06/22/09
8. Job description
9. Functional Capacity Evaluation, 05/12/09
10. X-ray reports dated 09/09/08 and 08/06/08
11. Venous Doppler study
12. Multiple clinic notes that are inappropriately filed including records of other patients
13. Sports and Physical Therapy evaluation, 06/18/08 and 06/30/08
14. Business records from multiple Minor Emergency Clinic visits

15. Physical Therapy clinic notes, 12/29/08, 12/11/08, 11/26/08, and 09/23/08
16. Physical therapy prescription dated 11/21/08
17. Operative report, 11/07/08
18. Laboratory studies
19. MRI scan of right knee, 07/17/08 and 05/15/09
20. MRI scan of right hip and pelvis, 09/25/08
21. MRI scan of LS spines
22. URA records including ODG copies

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This xx-year-old female suffered an original injury to her right knee on xx/xx/xx. This was a .slip-and-fall type injury. She subsequently underwent an arthroscopic procedure performed on 11/07/08. Postoperatively she had an initial good result; however, she had an additional giving-way episode on 05/01/09 resulting in a recurrence of symptoms. She has had an MRI scan, which reveals additional meniscal injury. She suffers tricompartmental osteoarthritis. There is no documentation of nonoperative treatment subsequent to the most recent re-injury of 05/01/09. The request to perform a second arthroscopic procedure with medial meniscectomy has been submitted and denied. It has been reconsidered and denied.

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

It would appear that this patient has had a subsequent injury or a re-injury to her right knee dated xx/xx/xx. The nonoperative treatment of this giving-way episode is not well documented and should be documented prior to a repeat arthroscopic procedure.

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

(Check any of the following that were used in the course of your review.)

- 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 national accepted medical literature (provide a description).

_____ Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)