

SENT VIA EMAIL OR FAX ON
Jun/10/2009

IRO Express Inc.

An Independent Review Organization

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DATE OF REVIEW:

Jun/09/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Right knee EUA Scope Excision Meniscus Tears & Debride Chondromalacia

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

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

OD Guidelines

MRI right knee 03/20/09

Office notes Dr. 04/06/09, 04/10/09, 04/20/09

PATIENT CLINICAL HISTORY SUMMARY

This is a female claimant with a reported right knee injury on xx-xx-xx. MRI findings of 03/20/09 revealed degenerative changes of the posterior horn of the medial meniscus and osteoarthritic changes with mild patellar chondromalacia. Conservative treatment has included physical therapy, anti- inflammatories and light duty with no good results. Surgery in the form of a right knee evaluation under anesthesia, arthroscopy, excision of meniscal tears and debridement of chondromalacia was recommended.

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

Request: Is right knee evaluation under anesthesia, arthroscopy, and excision of meniscal tears and debridement of chondromalacia medically necessary?

In reviewing the information provided, the tear of the medial meniscus per the MRI on 03/20/09 is questionable. There are arthritic changes with mild patellar chondromalacia and conservative treatment consisted of Lodine, physical therapy and an injection on 04/06/09. There is no objective physical finding to support the procedures requested. Therefore, based on the medical records, and in accordance with ODG guidelines the requested right knee

evaluation under anesthesia, arthroscopy, and excision of meniscal tears and debridement of chondromalacia is not recommended as being medically necessary or appropriate at this time.

Official Disability Guidelines Treatment in Worker's Comp 2008 Updates,

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 ERVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)