



INDEPENDENT REVIEW INCORPORATED

DATE OF REVIEW: 06/19/09

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Diagnostic right knee arthroscopy with possible meniscectomy.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., F.A.C.S., board certified orthopedic surgeon with extensive experience in the evaluation and treatment of the patient suffering internal derangement of the knee

REVIEW OUTCOME:

Upon independent review, I find that the previous adverse determination or determinations should be:

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

<i>Primary Diagnosis Code</i>	<i>Service Being Denied</i>	<i>Billing Modifier</i>	<i>Type of Review</i>	<i>Units</i>	<i>Date(s) of Service</i>	<i>Amount Billed</i>	<i>Date of Injury</i>	<i>DWC Claim #</i>	<i>Upheld Overturn</i>
719.46	29880		Prosp.				xx-xx-xx		

INFORMATION PROVIDED FOR REVIEW:

1. Independent Review forms
2. TDI referral forms
3. Denial letters dated 04/13/09 and 04/22/09
4. IRO summary dated 05/13/09
5. First report of injury, xx-xx-xx
6. Associate's statement, 02/11/09
7. Supplemental report of injury, 04/26/09
8. Multiple TWCC-73 forms between 02/14/09 and 04/11/09, many undated
9. Clinical notes dated 03/24/09, 04/01/09, 04/13/09, 04/24/09, and 05/01/09
10. Center records, 02/11/09, 02/14/09, 02/28/09, 03/05/09, and 03/15/09
11. Laboratory results, 02/11/09 and 04/25/09
12. MRI scan, 03/04/09

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This female, suffered a straining injury to her right knee. The date of injury was xx-xx-xx. She has been evaluated and reports persistent pain with persistent effusion of the knee. The knee is ligamentously stable. There are no symptoms suggestive of locking or giving way. An MRI scan of the knee failed to demonstrate internal derangement of a mechanical nature.

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

This patient fails to meet criteria for the performance of diagnostic arthroscopy as outlined in the ODG 2009 Knee Chapter, Diagnostic Arthroscopy passage. Her symptoms are persistent pain and effusion. The MRI scan is negative. There are no symptoms suggestive of mechanical problems compatible with a diagnosis of internal derangement. There are no symptoms suggestive of locking or giving way.

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

- 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 judgment, 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.)
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