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Notice of Independent Review Decision

DATE OF REVIEW: 06/29/09

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Item in dispute: Right knee lateral meniscectomy.

A 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 determination should be:

Denial Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. 04/02/09 – MRI Hospital
2. 04/20/09 Thru 06/10/09 – M.D.
3. 05/08/09 – Preauthorization denial
4. 05/28/09 – Reconsideration denial
5. **Official Disability Guidelines**

PATIENT CLINICAL HISTORY (SUMMARY):

The employee was with age appropriate arthritis in the right knee when she apparently sustained a sprain/contusion of the knee in the work incident. However, the MRI reported marked degenerative changes, which included chondromalacia of the patella. The MRI did show a subtle tear of the anterior horn of the lateral meniscus. Those findings do not rise to the level of necessary arthroscopy. The employee treated with M.D., an orthopedic surgeon, on 04/20/09 with the last progress note on 06/10/09.

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

Official Disability Guidelines do not recommend arthroscopic debridement in the presence of significant arthritis. Although there was evidence of meniscal damage, the physical symptoms were consistent with the preexisting arthritis. Arthroscopy would not make the knee normal. The employee's doctor had previously indicated in a dictation dated 04/20/09 that her principle problem was degenerative change and degenerative arthritis. This employee does not meet **Official Disability Guidelines** recommendations for arthroscopic surgery.

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

1. Official Disability Guidelines