

Wren Systems

An Independent Review Organization
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DATE OF REVIEW:

Jun/08/2009

IRO CASE #:**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Outpatient arthroscopy with lateral meniscectomy of the right knee

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

M.D., 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

ODG Guidelines and Treatment Guidelines

Determination Letters, 4/6/09, 4/15/09

DO, 1/29/09, 2/6/09, 3/26/09, 5/18/09

MRI right knee, 1/8/09

Radiology, 11/24/08

Dr. MD, 2/17/09

PATIENT CLINICAL HISTORY SUMMARY

This is an injured worker who fell at work, apparently bumping her head and injuring her neck and right leg. Her complaints are generally of pain in the lateral side of the right knee. The request is for arthroscopy and lateral meniscectomy. An MRI scan on 1/8/09 shows not only a significantly torn meniscus but also loose bodies.

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

The records show complaint of joint pain, a positive McMurray's sign as well as lateral joint tenderness. The imaging findings show a meniscal tear, and probable loose bodies. Given the presence of the loose bodies and also taking into account the physical examination and the nature of the injury, while this request does not technically fit all the criteria of the ODG Guidelines, this reviewer finds that given the presence of loose bodies, an arthroscopy is most certainly indicated. The greater weight of the medical evidence presented appears to satisfy the guidelines. It is for this reason that this reviewer has overturned the previous adverse determination. The reviewer finds that medical necessity exists for Outpatient arthroscopy with lateral meniscectomy of the right knee.

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 REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

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