



DATE OF REVIEW: 05/13/09

IRO CASE #:

DESCRIPTION OF THE SERVICE OF SERVICES IN DISPUTE:

Left knee diagnostic arthroscopy.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., board certified orthopedic surgeon with extensive experience in the evaluation and treatment of the patient's suffering 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. ZRC forms
2. TDI forms
3. Denial letters, 04/10/09 and 04/21/09
4. Carrier records
5. MRI scan 05/28/07
6. Physical Therapy, 07/31/08, 08/05/08
7. Clinical notes, 08/19/08
8. M.D., clinical notes 09/26/08, 01/07/09
9. M.D., clinical note, 03/19/09
10. Computerized muscle testing and range of motion
11. ODG criteria
12. Requestor records
13. Dr. clinical note, 08/19/08
14. Designated Doctor Evaluation, 03/03/09
15. X-ray reports
16. Laboratory studies 08/21/08

17. EKG

18. Surgery reservation sheet and telephone conference, 04/08/09

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The patient is a female who suffered an axial load twisting injury to her left knee on xx-xx-xx. She has had repeated episodes of pain and swelling. She was initially treated with physical therapy. An MRI scan of the left knee on 05/28/07 failed to reveal significant internal derangement findings, and there was no evidence of meniscal tearing. There was scarring of the proximal fibers of the medial collateral ligament compatible with remote medial collateral ligament injury, thinning of articular cartilage was also evident. The patient has been evaluated by a number of physicians and has been treated for persistent pain. Most recently she was evaluated by Dr. who reviewed the MRI scan and clinical findings. The patient is complaining of mechanical symptoms of giving way. She has positive findings including medial joint line tenderness and Apley's grind test. X-rays and MRI scan are equivocal.

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

This patient has had two years of persistent left knee pain. She has been treated with activity modifications, physical therapy, and medications without significant benefit. Considering the criteria for the performance of diagnostic arthroscopy as published in the ODG 2009 Knee Chapter, it would appear that she has met these criteria, and this procedure should be performed.

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 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.)