

SENT VIA EMAIL OR FAX ON
Oct/12/2009

Applied Assessments LLC

An Independent Review Organization

1124 N Fielder Rd, #179

Arlington, TX 76012

Phone: (512) 772-1863

Fax: (512) 857-1245

Email: manager@applied-assessments.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Oct/08/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

OP SX: Right Knee Arthroscopy

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

Office note 05/05/09, 05/11/09, 05/18/09, 05/25/09, 06/10/09, 07/20/09, 07/30/09

MRI right knee 06/03/09

Physical therapy note 06/25/09

Office note Dr. 08/25/09, 09/24/09

Peer review Dr. 08/31/09

Peer review Dr. 09/16/09

PATIENT CLINICAL HISTORY SUMMARY

This is a female who was status post xxx right knee meniscectomy. The claimant has right knee pain. The MRI of the right knee from 06/03/09 showed evidence of prior surgery. The thickness of hyaline cartilage was diffusely prominent at the lateral facet, possibly indicating early chondromalacia. There was no defect, fissuring or thinning. There was no evidence of meniscal tear demonstrated or ligamentous tear or chondral defect. Minimal fluid in the knee joint was reported. Dr. evaluated the claimant on 09/24/09. Examination revealed mild effusion, significant lateral joint line tenderness and tenderness over the lateral patellar facet, popping a little at the lateral patella facet and pain on positive McMurray's exam on the lateral side. Diagnosis was internal derangement, patellofemoral chondromalacia and possible

lateral meniscal tear. The claimant has treated with physical therapy, knee immobilizer, Darvocet, anti-inflammatory medications and one corticosteroid injection without relief.

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

There are certainly complaints documented in these records, but only minimal physical findings. The MRI would appear fairly unremarkable. A bit of chondromalacia is certainly not abnormal in the knee of an active person. There is no documentation of meniscal tearing to necessitate any form of meniscal intervention. Records alone do not support the medical necessity of this procedure.

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)