

Clear Resolutions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Nov/02/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Outpatient bilateral knee arthroscopy with lateral releases

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

M.D., board certified in Orthopedic Surgery

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

Adverse Determination Letters, 9/25/09, 10/6/09

MD, Reconsideration Letter, 9/28/09

Employers First Report of Injury, xx/xxxx

Three View Cervical Spine Series, 10/12/06

Two View Thoracic Spine, 10/12/06

Three view Lumbar Spine Series, 10/12/06

MRI, Thoracic Spine, Lumbar Spine, Cervical Spine, 11/11/06

MRI Right Knee, 11/18/06

Needle EMG Lower Extremities, 12/18/06

EMG upper extremities, paraspinals, 8/27/07

DC, 11/27/06, 12/1/06, 12/28/06, 3/14/07, 11/12/07

10/5/06, 11/9/06, 12/15/06, 1/23/07, 2/13/07, 2/27/07

MD, 10/31/06, 4/24/07, 5/22/07, 9/27/07, 11/6/07, 12/18/07, 2/28/08, 11/10/08, 1/20/09, 3/3/09

DO, ESI #1, 2/22/07, 5/14/07, 4/16/08, 7/18/08, 9/17/08

ESI #2, 3/19/07

ESI #3, 4/18/07

Knee Surgery, 8/30/06

3/24/08, 5/28/08, 9/22/08, 9/21/09

Operative Report, Knee Surgery, 4/8/08

MD, 11/13/08

Pain Institute, 7/17/09, 9/1/09, 7/28/09
MD, DDE, 8/14/07, 1/31/08
Disability Evaluating Center 2/2/09

PATIENT CLINICAL HISTORY SUMMARY

This is a female patient who has had previous arthroscopic surgeries on both knees subsequent to a work-related injury on xx/xx/xx. She did well after these procedures, and current request is now for a bilateral arthroscopic lateral retinacular release.

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

This patient has undergone previous arthroscopic surgery. While the chondromalacic regions were found, a retinacular release was not performed. The Official Disability Guidelines and Treatment Guidelines criteria have not been met within these medical reports. While physical therapy appears to have been performed, the patient does not have documentation through imaging studies of patellar tilt. The patient has not had any documentation of recurrent effusion. There is no documentation of patellar apprehension, and there is no documentation that the Q angles have been measured. Given the fact that the Official Disability Guidelines and Treatment Guidelines are statutorily mandated in the State of Texas, and the medical records do not conform to the criteria, and the treating physician has not given this reviewer or other reviewers a reason for why these treatment guidelines should be set aside in this particular instance, this reviewer has no option other than to uphold the previous adverse determination. The reviewer finds that medical necessity does not exist for Outpatient bilateral knee arthroscopy with lateral releases.

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)