



REVIEWER'S REPORT

DATE OF REVIEW: 09/27/09

IRO CASE #:

DESCRIPTION OF THE SERVICE OF SERVICES IN DISPUTE:

Knee surgery, subchondral drilling, abrasion chondroplasty.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., board certified orthopedic surgeon with extensive experience in the evaluation and treatment of patients 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. forms
2. referral forms
3. Denial letters, 08/26/09, 09/11/09, 07/18/08, 04/29/08
4. Request records
5. Multiple fax cover sheets
6. Surgery reservation sheet
7. X-ray request
8. CMT/RANGE OF MOTION, 12/02/08, 05/09/07, 09/29/08, 04/22/08, 11/29/06
9. Emergency room report, , 09/27/08
10. Left knee MRI scan and MRI arthrogram, 05/05/08
11. Incomplete clinical notes
12. EMG/nerve conduction study, 11/30/06
13. MRI scan of left knee, 09/25/06
14. Discharge instructions

15. Evaluation 08/06/09, , M.D.
16. Letter of Medical Release, 07/31/09
17. hearing records, 05/21/09
18. decision and order, 05/11/09
19. List of exhibits
20. Multiple fax cover sheets
21. Order setting hearings, 03/05/09, 12/08/08, 12/04/08
22. Rescheduling notice and forms
23. Clinical notes, 12/02/08, 09/29/08, 08/08/08, and 04/22/08
24. Independent Review, 09/02/08
25. Peer Review note, 04/24/08
26. Evaluations, 12/12/07 and 10/24/07
27. , M.D. evaluation 11/14/07, Pain Management specialist
28. URA Records

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The patient is a female who suffered a fall, injuring her left knee on xx/xx/xx. She has had repeated episodes of left knee pain and periodic swelling on the medial aspect of her knee. She has had multiple evaluations and underwent an arthroscopic surgery, which is reported to have revealed an osteochondral lesion on the medial femoral condyle. The operative report of the arthroscopic surgery is not present. A request has been submitted for osteochondral drilling and abrasion chondroplasty of an osteochondral lesion on the medial femoral condyle. It has been considered and denied, reconsidered and denied. MRI scan of the left knee and MR arthrogram of the left knee failed to demonstrate the lesion. There are degenerative changes present in the medial meniscus and patellar tendinitis. Multiple regimens of nonoperative treatment have been unsuccessful in relieving the patient's painful complaints. It would appear that the previous evaluations did not confirm a surgical lesion.

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

The lesion has not been demonstrated on multiple MR studies of the left knee. The extent of this lesion has not been documented. The operative report of previous arthroscopic surgery has not been provided. Arthroscopic images have not been provided. The prior consideration of this request, its denial, reconsideration, and denial were appropriate and should be upheld.

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.)