

SENT VIA EMAIL OR FAX ON
Oct/12/2009

Pure Resolutions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Oct/12/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Right Knee Arthroscopy / Meniscectomy

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

MRI right knee, 07/24/09

Office note, Dr. 07/29/09, 08/24/09

Peer review, Dr. 08/10/09

Peer review, Unknown provider, 09/08/09

PATIENT CLINICAL HISTORY SUMMARY

This is a male with complaints of right knee pain. The MRI of the right knee from 07/24/09 showed a tear involving the medial meniscus. There was increased signal seen at the junction of the body and posterior horn of the medial meniscus, which was seen to attain the inferior articular surface compatible within a tear. Strain or partial tear of the anterior cruciate ligament was noted. Degenerative changes were minimal. Joint effusion was small. Small-ruptured baker's cyst was noted. Dr. evaluated the claimant on 08/24/09. The claimant reported popping and locking. Examination revealed positive McMurry and range of motion from 0 to 115 degrees. There was no documentation of conservative treatment.

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

When one turns to the ODG guidelines in this case, several of the requirements are satisfied.

There are documented complaints of joint pain, locking and popping. A positive McMurray has been documented. There would appear to be some degree of meniscal pathology on MRI.

However, there is no evidence of a displaced bucket-handle fragment or locked knee. As such, the conservative care recommendations cannot be overlooked. There is no documentation in these brief records of physical therapy, medications, or activity modification. If any one of these three could be documented, then this case could be deemed medically necessary under the guidelines. However, without such documentation, this case does not satisfy the ODG guidelines for the proposed intervention.

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)