

Notice of Independent Review Decision
 Corrected Report
 Corrected IRO Case #

REVIEWER'S REPORT

DATE OF REVIEW: 04/08/10

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Left knee arthroscopy, abrasion chondroplasty

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., board certified orthopedic surgeon

REVIEW OUTCOME:

Upon independent review, I find that the previous adverse determination or determinations should be:

- Upheld (Agree)
 Overturned (Disagree)
 Partially Overturned (Agree in part/Disagree in part)

<i>Primary Diagnosis Code</i>	<i>Service Being Denied</i>	<i>Billing Modifier</i>	<i>Type of Review</i>	<i>Units</i>	<i>Date(s) of Service</i>	<i>Amount Billed</i>	<i>Date of Injury</i>	<i>DWC Claim #</i>	<i>Upheld Overturn</i>
836.0	29881		Prosp						Upheld
836.0	29879		Prosp.						Upheld

INFORMATION PROVIDED FOR REVIEW:

1. TDI case assignment.
2. Letters of denial 02/25/10 and 03/05/10, including criteria used in the denial.
3. Orthopedic evaluations and follow up 02/25/09 – 02/17/10.
4. Designated doctor exam 07/09/09.
5. Radiology reports 01/03/09 and 06/01/09.
6. Exam notes 01/03/09 thru 02/16/09.

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The claimant had a twisting episode at work with continuing knee pain. The claimant has had extensive physical therapy, pain management, and psychological evaluation. The claimant had an MRI scan with findings of chondromalacia, medial tibial plateau, with equivocal evidence of posterior medial meniscus tear. Physical examination revealed an obese individual with pain at the medial joint line and intermittent swelling.

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

In an individual with chondromalacic changes without clear-cut meniscal tear and mechanical catching, the literature and clinical experience would indicate that arthroscopy is of questionable benefit. ODG-Official Disability Guidelines & Treatment Guidelines do not indicate medical necessity in this case.

DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR DECISION:

- 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.)
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