

I-Decisions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Aug/02/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Left Knee Arthroscopy With Medial And Lateral Meniscus Repair

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-TWC 2010 Knee and Leg
Health Direct, Inc., 6/20/10, 7/9/10
M.D., 6/22/10, 7/5/10, 6/30/10
Doctors Hospital, 6/4/10
Clinic 6/10/10

PATIENT CLINICAL HISTORY SUMMARY

This is a woman injured on xx/xx/xx. She has complaints of crepitus and limiting pain. She has had an MRI scan with documentation of torn medial and lateral meniscus extending to the articular surface. The current request is for Left Knee Arthroscopy With Medial And Lateral Meniscus Repair. Previous treatment has consisted of rest and nonsteroidal anti-inflammatory medication. There is no documentation within this medical record as to whether or not the patient has undergone physical therapy.

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

This patient by history has symptoms of feeling in the knee of giving way, swelling, pain, and limping. The patient has an MRI scan which corresponds to these complaints showing extension of meniscal lesions to the articular surface in both medial and lateral menisci. The patient has a physical examination that documented effusion, positive McMurray's testing, and medial and lateral joint line pain. The ODG Guidelines in this case are generally satisfied as at this point. As it is now more than two months post injury, further conservative care would not be of benefit. Injections of cortisone have been suggested. However, given the torn menisci seen on the MRI scan, this cannot be expected to resolve this mechanical problem. The previous reviewer appears to have denied this requested surgery in significant part due to the patient's age of years and the fact that she has some degenerative changes. This reviewer's role is to determine medical necessity and not to determine whether or not it is related to the patient's age. Based upon the medical records provided along with the imaging studies, it would appear that the ODG Guidelines have been satisfied

in this particular instance. It is for this reason that the previous adverse determination is overturned. The reviewer finds that medical necessity exists for Left Knee Arthroscopy With Medial And Lateral Meniscus Repair.

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)