

SENT VIA EMAIL OR FAX ON
Dec/23/2009

True Resolutions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Dec/23/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Left Knee arthroscopic parital medial 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

Left knee MRI, 10/21/09

Office note, Dr., 11/9/09

Denial Letters 11/18/09 and 11/30/09

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male who developed a sudden onset of left knee pain on xx/xx/xx when he stepped off a platform while carrying heavy weight. He reported his left knee twisted and buckled with a popping sensation heard. MRI on 10/21/09 noted a moderate to large joint effusion with a popliteal cyst and a large complex tear in the posterior horn of the medial meniscus, most likely a bucket handle type tear. On examination, McMurray's was positive with medial joint line pain and the presence of a joint effusion. Left knee arthroscopic partial medial meniscectomy was requested.

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

The requested left knee arthroscopic partial medial meniscectomy is medically necessary based on review of this medical record. He is a gentleman with a 4-month history of mechanical left knee complaints following an acute injury. He has undergone an MRI documenting a large joint effusion and significant bucket handle medial meniscal tear with displacement. The medical records of Dr., document ongoing subjective medial complaints, correlating positive physical findings to include in the fusion and McMurray's test, and abnormal MRI. They have requested appropriate surgery for this issue. While ODG Guidelines document the use of conservative care in claimants prior to surgery, often times

people with a large bucket handle meniscal tear who have ongoing symptoms to include effusion, mechanical symptoms and inability to resume normal activities should proceed with surgery even without documented conservative care. This would appear to be one of those cases and therefore the requested surgical intervention is medically necessary.

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)