



Notice of Independent Review Decision

REVIEWER'S REPORT

**DATE OF REVIEW:** 07/09/10

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Diagnostic arthroscopy, right knee

**DESCRIPTION OF QUALIFICATIONS OF REVIEWER:**

M.D., F.A.C.S., board certified orthopedic surgeon with extensive experience in the evaluation and treatment of patients suffering knee problems

**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>
719.06	29881		Prosp.	1					Overturn

**INFORMATION PROVIDED FOR REVIEW:**

1. IRI forms
2. TDI referral forms
3. Denial letters, 05/27/10 and 06/11/10
4. Clinical notes, seven entries between 12/10/09 and 05/20/10
5. MRI scan, right knee, 11/19/09
6. X-ray, right knee, 11/19/09

**INJURED EMPLOYEE CLINICAL HISTORY (Summary):**

The injured employee is a male who suffered a dislocation of the right patella on xx/xx/xx. The patellar dislocation was reduced and maintained in a brace for a number of weeks. Subsequently the patient has had persistent right knee pain and tenderness along the medial aspect of the parapatellar ligaments. He has

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been treated with physical therapy, non-steroidal anti-inflammatory medication, intraarticular cortisone injections, and activity modifications. His pain persists. He has had an MRI scan, which was inconclusive, and plain x-rays obtained on 11/19/09 failed to reveal evidence of significant bone or joint abnormalities. Preauthorization request for diagnostic arthroscopy has been submitted. It was denied on two occasions.

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

The patient has persistent pain in spite of very vigorous non-operative treatment. He has been treated with medications and physical therapy as well as modifications of activity and intraarticular cortisone injections. Imaging studies have been inconclusive, and his pain persists. Considering the passage published in the ODG 2010 Knee Chapter, Diagnostic Arthroscopy, it would appear that this patient meets criteria established for the performance of diagnostic arthroscopy in the face of persistent symptoms in spite of appropriate non-operative treatment. It would appear that this request to preauthorize diagnostic arthroscopy should be approved.

**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.)