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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: July 18, 2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Arthroscopy possible Removal Loose Body, possible debridement left knee CPT 29877
29874

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

Official Disability Guidelines Treatment in Workers' Comp 2010 Updates, chapter knee
5/29/10, 6/22/10

Orthopedic Group 2/25/09, 3/6/09, 3/27/09, 4/3/09, 4/29/09, 6/10/09, 8/14/09, 4/21/10,
5/20/10, 6/30/10, 6/16/10

Specialty 3/23/09

Upright MRI 4/13/10

IMedical Care 3/22/10, 4/1/10, 4/8/10
6/4/10

PATIENT CLINICAL HISTORY SUMMARY

This is an injured worker who has undergone knee arthroscopy for similar findings including loose bodies and torn meniscus in xxxx. The patient is reported to have done well and then subsequently started to complain of more problems. Repeat MRI scan revealed the same questionable loose bodies in the intercondylar notch but no other findings. The physical examination was essentially normal on several occasions. Current request is for a diagnostic Arthroscopy possible Removal Loose Body, possible debridement left knee CPT 29877 29874.

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

While this patient continues to complain, the MRI scan findings of torn meniscus are resolved. Findings of loose bodies, which are in the same location over a year later is

unchanged from MRI scan to MRI scan. The request for surgery is unclear as to what will be performed; the records seem to indicate this is a diagnostic procedure. The physical examination is essentially intact post surgery. The current request, as the previous reviewers have noted, does not conform to ODG Guidelines. Given the lack of hard imaging or physical findings, it was not possible to overturn the previous adverse determination. The reviewer find that medical necessity does not exist at this time for Arthroscopy possible Removal Loose Body, possible debridement left knee CPT 29877 29874.

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)