

Parker Healthcare Management Organization, Inc.

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Notice of Independent Review Decision

DATE OF REVIEW: MAY 26, 2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of proposed repeat right knee surgery, OATS procedure, possible meniscectomy, possible chondroplasty, possible lateral release (27415, 29879, 29881, 29877, 29873)

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION

This case was reviewed by a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer specializes in orthopedic surgery and is engaged in the full time practice of medicine.

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

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

Primary Diagnosis	Service being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim#	IRO Decision
733.92, 719.46, 171.9, 733.92	27415, 29879, 29881, 29877, 29873								Overtured

INFORMATION PROVIDED TO THE IRO FOR REVIEW

TDI-HWCN-Request for an IRO-20 pages

Respondent records- a total of 38 pages of records received to include but not limited to:
TDI letter 5.6.2010; Orthopedics notes 11.12.09-4.22.10; Regional Medical note 12.2.09; letter
4.14.10, 4.30.10; IRo request forms

Requestor records- a total of 10 pages of records received to include but not limited to:
TDI letter 5.6.10; Orthopedics notes 12.14.09-4.5.10; Regional Medical note 12.2.09

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient sustained an on the job work related injury on xx/xx/xx.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDELINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.

The requested procedure is medically necessary and indicated. The rationale for overturning is that the patient is within the proper age limits which range between 50-60 years old. The lesions to be treated are focal and associated with a relatively good articular service of the other compartments (by review of the MRI dated 03/29/2010.) The patient has continued to have severe pain about the knee and this seems to be on the outer portion of the knee, which also continues to have swelling. The requested procedure is supported by evidence-based literature.

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

XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

XX ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

XX PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (Safran, Marc R., et. al: The Evidence of Surgical Repair of Articular Cartilage in the Knee. Journal of the Academy of Orthopedic surgeons; May 2010; 18; 259-266.

1. Hangody and Fules, et. al: Autologous Osteochondral Mosaicplasty Plastic for the Treatment of Full Thickness Defects of Weight Bearing Joints: Ten years of experimental and clinical experience. Journal of Bone and Joint Surgery (a. 2003, 85) (supplement 2) 25-32.
2. Bedi, Sheesh, et. al: Management of Articular Cartilage Defects of the Knee. Journal of Bone and Joint Surgery (a. 2010; 92; 994-1009)