

Wren Systems

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Jun/08/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

1 Operative Arthroscopy with Partial Excision of the Torn Medial Meniscus of the Left Knee

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 Guidelines

4/22/10, 4/30/10

DO, 10/5/09

12/2/09, 4/30/10, 4/22/10, 4/13/10, 3/23/10, 1/5/10, 12/15/09, 11/17/09, 10/27/09, 8/25/09, 7/6/09

4/9/10

PATIENT CLINICAL HISTORY SUMMARY

This is an injured worker who had his initial surgical intervention on xx/xx/xx with no meniscus tear. He completed 29 sessions of postoperative physical therapy. He had a cortisone injection. He eventually underwent MRI scan of the knee on 04/02/10, which revealed a complete tear of the posterior horn of the medial meniscus. There is now a request for arthroscopy with partial excision of the torn medial meniscus. His clinical complaints include pain, popping, and giving way. His objective physical findings include a positive McMurray's test, positive Apley's test, and decreased range of motion secondary to pain. There was no mention of effusion, however.

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

Based upon the Official Disability Guidelines and Treatment Guidelines, criteria for meniscectomy or meniscus repair suggest initial conservative care such as physical therapy. This patient has had medication and injections. He has subjective clinical findings of pain

and giving way. He also has a positive McMurray's sign and Apley's sign and limited range of motion. The patient also complains of popping. Based upon the clinical and physical findings and supporting imaging studies, this request does conform to the Official Disability Guidelines and Treatment Guidelines. For this reason, the previous adverse determination is overturned. The reviewer finds that medical necessity exists for 1 Operative Arthroscopy with Partial Excision of the Torn Medial Meniscus of the Left Knee.

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)