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IRO Certificate

Notice of Independent Review Decision

DATE OF REVIEW: 10/26/10

IRO CASE #:

Description of the Service or Services In Dispute
MRI w/o contrast

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

Physician Board Certified in Orthopedic Surgery

REVIEW OUTCOME

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

X Upheld	(Agree)
Overtured	(Disagree)
Partially Overtured	(Agree in part/Disagree in part)

Description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Adverse determination letters, 9/9/10, 8/20/10
Notes 8/9/10, Dr.
DDE report 3/29/10, Dr.
Operative notes 12/2/09, 12/15/09
MRI right knee report 2/26/10, 6/12/09
ODG guidelines

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient was injured in and hyper extended his knee at that time. The patient underwent an MRI on which showed a tear of the anterior cruciate, impaction fracture of the posterior lateral tibial plateau, contusion in the posterior medial tibial plateau, tear of the medial horn of the lateral meniscus, joint effusion, strain of the popliteus. The patient underwent surgery on 7/8/09 for ACL reconstruction, PCL augmentation, partial medial and lateral meniscectomy, 3 compartment synovectomy, abrasion arthroplasty medial fem condyle, removal of adhesions. Subsequently the patient had physical therapy. The patient underwent a repeat MRI on 11/4/09, and the patient underwent a second surgery on 12/2/09, and a third surgery on 12/15/09. The patient subsequently had an MRI on 2/26/10 showing a thin posteromedial meniscus reflecting meniscectomy, and otherwise unchanged appearance.

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

I agree with the denial of the requested repeat MRI. This patient has now had multiple surgeries and multiple MRI's. The records suggest that he has traumatic arthritis in addition to ACL and meniscal problems. Another MRI is unlikely to further delineate his problem, which is now well-known from previous MRI's and surgeries

DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE 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 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)