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Notice of Independent Review Decision

DATE OF REVIEW: 10/12/10

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Item in dispute: Outpatient Review for Left Knee Arthroscopy with Meniscal Repair, at SouthWest General Hospital (Ph: 210-921-2000) (Fax: 210-921-3524), Requested by Elliott Clemence, M.D. (Ph: 210-924-9000) (Fax: 210-924-7300). Cpt codes: 29880,29881,29887 G0289

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

Texas Board Certified Physical Medicine & Rehabilitation
Texas Board Certified Pain Management

REVIEW OUTCOME

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

Denial Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Operative report dated 08/23/07
2. Clinical notes dated 02/18/09-08/09/10
3. Preauthorization report dated 07/27/10 and 08/09/10
4. Cover sheet and working documents.
5. **Official Disability Guidelines**

PATIENT CLINICAL HISTORY (SUMMARY):

The claimant is a female who sustained an injury on xx/xx/xx when she was assaulted.

The claimant is status post left knee arthroscopy performed on 08/23/07 for chondroplasty and meniscus repair. Postoperatively the claimant appeared to be doing well as provided Celebrex and Ultracet for pain.

The claimant was recommended for weight bearing radiographs in 2009. The claimant did become pregnant and treatment was deferred.

Clinical note on 04/07/2010 stated the claimant did have Stage 4 osteoarthritis in the medial compartment of the patella. The claimant was continued on Celebrex and Tylenol Extra Strength.

A clinical note on 06/02/10 stated claimant had current range of motion of 18-113 degrees on extension and flexion. The claimant was stated to have had physical therapy for quad strengthening and radiographs were stated to show osteoarthritis in the left knee. Physical examination at that visit revealed positive signs of medial joint line tenderness. The claimant was recommended for meniscal repair via diagnostic arthroscopy.

The request for meniscal repair was non-certified by utilization review on 07/27/10 as there was limited clinical documentation regarding conservative treatment.

A clinical note on 08/09/10 stated the claimant required arthroscopy due to a medial compartment injury.

The request for meniscectomy was again denied by utilization review on 08/09/10 as the reviewer opined that there was limited documentation regarding the claimant 's symptoms and the most recently radiographs demonstrated Grade 3 chondromalacia.

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

The clinical documentation provided for review does not support the request for surgery to include meniscal repair of the left knee. There are no MRI studies submitted for review which would reveal a recurrent meniscal tear in the left knee that would reasonably require surgical intervention. Additionally, the claimant stated he had undergone extensive conservative care to include physical therapy and injections; however, no physical therapy notes or procedure notes were submitted for review.

Given that the clinical documentation does not meet guideline recommendations, medical necessity is not supported at this time.

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

Official Disability Guidelines, Knee and Leg Chapter, Online Version.