

SENT VIA EMAIL OR FAX ON  
Sep/07/2010

# Independent Resolutions Inc.

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## NOTICE OF INDEPENDENT REVIEW DECISION

### DATE OF REVIEW:

Sep/07/2010

### IRO CASE #:

### DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Left Knee arthroscopy, lateral meniscectomy

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

Board Certified in Orthopaedic 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

OD Guidelines

Denial Letters 8/16/10 and 8/25/10

MRI 4/9/10

Orthopaedic Associates 5/3/10 thru 6/24/10

Nova 4/14/10 thru 4/21/10

### PATIENT CLINICAL HISTORY SUMMARY

The patient has persistent left lateral knee pain after falling off of a golf cart at work. The patient had temper relief from steroid injection. MRI scan showed diffuse degenerative changes. Physical examination shows lateral joint line pain. No documentation of McMurray's test. Apley's test is positive. There is no locking or catching.

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

The patient has persistent lateral joint line tenderness after a work-related injury. MRI scan shows both medial and lateral meniscal pathology. It also shows osteoarthritic changes. The patient does not have any mechanical symptoms. Based on the underlying osteoarthritis and the lack of mechanical symptoms, the patient is not a candidate for arthroscopic surgery. The documentation provided suggests that the patient's ongoing symptoms are related to underlying degenerative changes. The request is not medically reasonable or necessary.

### 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
- AHCP-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)
  - OKU SPINE
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)