

Envoy Medical Systems, L.P.
1726 Cricket Hollow Dr.
Austin, TX 78758

PH: (512) 248-9020
FAX: (512) 491-5145

DATE OF REVIEW: 12/05/11

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Arthroscopy Knee Surg. W/Menisc; Knee Arthroscopy/Debridement

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:

- | | |
|--|----------------------------------|
| Upheld | (Agree) |
| <input checked="" type="checkbox"/> Overturned | (Disagree) |
| Partially Overturned | (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

1. Report of Dr. orthopedic surgeon (URA) 7/14/11
2. Reports of physicians Dr. and Dr.; Physical Therapy
10/21/11 - 3/07/11
3. Data from the administrative services denying suggested treatment 7/14/11
4. MRI report 5/02/11 & 3/02/11
5. Personal letter from the patient 11/23/11
6. ODG1

PATIENT CLINICAL HISTORY (SUMMARY):

Patient twisted as she stepped off a stepladder and fell. Hit and injured her knee with a twist. Had pain and swelling and was initially seen in an emergency room. Patient was referred to orthopedic surgeon, Dr. who continued to treat her in a conservative fashion for a long period of time. Patient had anti-inflammatory medication, cortisone injection and physical therapy. Patient continued to have pain and an MRI was ordered and done on 5/2/11. Report is nondisplaced transverse fracture of the fibula, osteo-condyle fracture, lateral femoral condyle, a torn medial meniscus with parameniscal cyst. Patient continues to have pain and arthroscopy has been suggested by her treating physician.

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

I disagree with the benefit company's decision denying the requested services.
Reason for opinion: Patient obviously had a significant injury in that she had a fracture of the fibular head and an injury to the lateral femoral condyle. MRI also demonstrated a torn medial meniscus and parameniscal cyst. She had extensive conservative treatment consisting of anti-inflammatories, physical therapy, injections, etc. Patient is now eight months or so after initial injury and still having pain. Patient's treating physician has reported mechanical symptoms of catching and giving way in

addition to her pain. Patient has documented injury, with no prior knee problems, and continues to have difficulty. She has a documented meniscal tear and parameniscal cyst. It would appear appropriate to me, that she should receive arthroscopic evaluation and treatment.

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)