

Parker Healthcare Management Organization, Inc.

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Notice of Independent Review Decision

DATE OF REVIEW: DECEMBER 8, 2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of proposed left knee EUA, diagnostic arthroscopy with meniscal debridement vs repair (29881, 29882, 29877)

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

This case was reviewed by a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer specializes in orthopedic surgery and is engaged in the full time practice of medicine.

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)

Primary Diagnosis	Service being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim#	IRO Decision
836.0	29881		Prosp	1					Upheld
836.0	29882		Prosp	1					Upheld
836.0	29877		Prosp	1					Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

TDI-HWCN-Request for an IRO16 pages

Respondent records- a total of 62 pages of records received to include but not limited to:

letters 11.1.11, 11.9.11, 11.21.11; MRI left knee 7.29.11; x-ray knee 8.31.11; Medicine Office Notes 5.26.11-10.26.11; Ambulatory visit/intake form 9.26.11; University Health Sciences Center note 10.24.11; Physical Therapy Associates SOAP note 10.18.11-11.2.11; ODG Knee and Leg (Acute and Chronic)

Requestor records- a total of 28 pages of records received to include but not limited to: TDI letter 11.18.11; Surgeries to be schedules form; UR Referral; Medicine Office Notes 9.26.11; University Health Sciences Center note 10.24.11; Physical Therapy Associates SOAP note 10.15.11; MRI left knee 7.29.11; x-ray knee 8.31.11; letter 11.9.11 email to 11.7.11

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient sustained a work related on the job injury on xx/xx/xx.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDLEINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.

The MRI of the knee, dated 7/29/11, does not corroborate the physical impression. The MRI impression was 1. No signs of internal derangement. 2. Minimal fluid 3. mild thinning and irregularity of the patella with the remainder of the articular cartilage intact. 4. Mild chondromalacia of the patella. The cruciate ligaments are intact. Collateral ligaments are intact.

ODG regarding the requested procedure are not remotely met. The imaging findings vs the physical findings are completely at odds. The imaging does not suggest uncertainty which would need to be reconciled by an MUA, arthroscopy or menisectomy. Therefore, the denial is upheld as it does not meet medical necessity guidelines.

A 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
- XX DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- INTERQUAL CRITERIA
- XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- XX 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