

SENT VIA EMAIL OR FAX ON
Jan/10/2011

IRO Express Inc.

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Jan/10/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Arthoscopy Knee; Right

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

Orthopedic Surgeon

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

1. Preauthorization review determination 11/15/10 M.D.
2. Radiology report right knee 09/20/10
3. Office notes 09/15/10-11/01/10 M.D.
4. Medical records / Peer Review 11/04/10 M.D.
5. Preauthorization reconsideration/appeal review determination 11/23/10, M.D.

PATIENT CLINICAL HISTORY SUMMARY

The injured worker is a female whose date of injury is xx/xx/xx. Records reflect the mechanism of injury as getting up and down off a truck. The injured worker complains of bilateral right greater than left knee pain. MRI scan of the right knee performed 09/20/10 was read as normal. Physical examination performed 09/15/10 demonstrated guarded range of motion with pain noted with full active extension and resisted extension with normal ligamentous examination and no effusion noted. X-rays were taken at that visit and noted to be normal. The injured worker was noted to have tried conservative treatment to include over

the counter anti-inflammatory medications and bracing. The patient was seen in follow-up on 09/27/10 for results of MRI. MRI results were reviewed, which were inconclusive for any type of pathology. The patient is noted to be taking some sub-therapeutic anti-inflammatories and therapeutic dose was discussed. A form for light duty for 4 weeks was given. A two-stage ACI procedure was discussed, but did not recommend or agree to the same at this time. Office note dated 11/01/10 reported the patient was not improved after being on any anti-inflammatories. She was seen to discuss options. Examination at that time reported full range of motion and none to minimal joint effusion with good muscle control, and it was noted that physical therapy and strengthening was not going to help either. The option of a two stage autologous chondrocyte implantation was discussed, but at this point in time the injured worker was not certain she wants to have that much time off from work or that much of surgical commitment. The patient was recommended to undergo arthroscopy with chondroplasty and loose body removal.

A preauthorization request for arthroscopy right knee was reviewed by Dr. on 11/15/10. Dr. determined the request was to be non-certified as medically necessary. Dr. noted that the injured worker was with normal imaging studies including x-rays and MRI and has failed only conservative treatment consisting of oral anti-inflammatory agents, work modification and over the counter bracing. It was further noted that there was nothing on clinical examination that would demonstrate need for arthroscopy given the normal imaging findings.

A reconsideration / appeal request was reviewed by Dr. on 11/23/10, and Dr. upheld original non-certification determination regarding right knee arthroscopy. Dr. noted there were no clinical notes provided, and the only information was from the previous peer review denial. Based on the lack of documentation and Dr. inability to speak with requesting physician he would not recommend approval for requested surgery.

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

Based on the clinical information provided, medical necessity is not established for right knee arthroscopy. The injured worker reportedly sustained an injury on xx/xx/xx getting up and down off truck. She complained of bilateral right greater than left knee pain. Records indicate the patient has long history of right knee problems. She had a previous right knee scope approximately 10 years ago at which time she had medial meniscus tear and large chondral defect, which sounded like it was in the area of the trochlea; however, current imaging studies revealed no meniscal tear and no articular cartilage defect was identified. Plain radiographs were negative. The patient was treated conservatively with anti-inflammatory medications and over the counter bracing as well as activity modification. Physical examination was unremarkable with full range of motion, none to minimal joint effusion, and good muscle control. Given the lack of objective findings on imaging studies, unremarkable physical examination, and limited conservative care, the proposed right knee arthroscopy does not meet Official Disability Guidelines and surgical intervention is not indicated as medically necessary. The previous preauthorization reviews appropriately determined the request to be non-certified and should be upheld.

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

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)