

Notice of Independent Review Decision

REVIEWER'S REPORT

DATE OF REVIEW: 07/25/11

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Left knee arthroscopy

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., Board Certified in Orthopedic Surgery

REVIEW OUTCOME:

Upon independent review, I find that the previous adverse determination or determinations should be:

- Upheld (Agree)
 Overturned (Disagree)
 Partially Overturned (Agree in part/Disagree in part)

<i>Primary Diagnosis Code</i>	<i>Service Being Denied</i>	<i>Billing Modifier</i>	<i>Type of Review</i>	<i>Units</i>	<i>Date(s) of Service</i>	<i>Amount Billed</i>	<i>Date of Injury</i>	<i>DWC Claim #</i>	<i>Upheld Overturn</i>
836.2	29881			1					Overturn
836.2	29881			1					Overturn

INFORMATION PROVIDED FOR REVIEW:

1. TDI case assignment
2. Letters of denial, 05/12/11, 05/27/11, and 06/20/11 including criteria used in the denial
3. Internal medicine office visit note, 04/20/11
4. Medical history, 05/04/11
5. Treating doctor's office notes, 05/04/11, 05/19/11, 05/31/11, and 06/14/11
6. MRI scan report, left knee w/o contrast 04/15/11

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The patient is a male who sustained injury to his knee on xx/xx/xx at work. The patient had chronic pain and medial joint line tenderness. MRI scan was equivocal and showed some intrasubstance degeneration without evidence of full thickness tear of the medial meniscus. The patient did not respond well to conservative care including an intraarticular steroid injection as it only gave him two days of relief. The

insurance company denied the surgery because the patient did not have a positive McMurray's maneuver.

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

The patient qualifies for diagnostic arthroscopy and indicated procedures such as meniscal debridement as he has failed conservative care. He has had activity modifications, medications, and intraarticular steroid injection. The patient's surgery is being denied because the McMurray's test is negative and the MRI scan is equivocal. However, the patient has chronic pain and qualifies per the ODG Guidelines for diagnostic arthroscopy of the knee and indicated procedures. MRI scan, as well as McMurray's test are not always definitive for meniscal pathology. The request for surgical management is reasonable and necessary based on the medical records provided.

DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THIS 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 judgment, 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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)