

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

PH: (512) 248-9020  
FAX: (512) 491-5145  
IRO Certificate #

**Notice of Independent Review Decision**

**DATE OF REVIEW:**

**IRO CASE #:**

**Description of the Service or Services In Dispute:**

Left knee arthroscopy / Partial Excision torn medial meniscus / Chondral shaving

**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:

- |                                               |                                  |
|-----------------------------------------------|----------------------------------|
| <input checked="" type="checkbox"/> Upheld    | (Agree)                          |
| <input type="checkbox"/> Overturned           | (Disagree)                       |
| <input type="checkbox"/> 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  
Adverse determination letters, 5/3/11 5/6/11, 6/16/11  
ODG guidelines  
Report MRI left knee 10/28/10  
Clinical notes , 10/2010 –4/2011, Dr.

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient injured his left knee in xx/xxxx which time he stepped out of a pickup truck. He had pain, and swelling and was evaluated and was treated with physical therapy, injection, and anti-inflammatory. The patient continues to have pain. Surgery has been suggested.

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

I agree with the benefits company's decision to deny the requested services. By exam and MRI, it would not appear that there is an obvious medial meniscus tear. The patient has had some medial draw line tenderness but also had a bone bruise on his MRI. I think a more likely etiology is a dislocated patella. While there is no obvious loose body by MRI or loose fragment, it is possible that there was a chondral lesion that continues to bother the patient. So it possibly continues to sublux his patella causing joint pain of a mechanical nature although this was not obvious by the MRI findings.

Interestingly, apparently the patient underwent the arthroscopy for his right knee in 2007 for a

similar problem. The results of that surgery are not in the provided records. As stated above the medical records do not show that the patient probably has a torn meniscus. At some point, if the patient continues to be unresponsive to conservative care over an extended period and effort is made to rehab the patient, surgery may be indicated. However, prior to doing this, an extended period of time should be allowed before surgical care, as there is no obvious indication from the patient's MRI that this would be a benefit.

**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)