

Parker Healthcare Management Organization, Inc.

3719 N. Beltline Rd Irving, TX 75038

972.906.0603 972.255.9712 (fax)

Notice of Independent Review Decision

DATE OF REVIEW: APRIL 26, 2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of proposed left knee arthrogram (73580, 27370, 73722)

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
719.46	73580		Prosp	1					Upheld
719.46	27370		Prosp	1					Upheld
719.46	73722		Prosp	1					Upheld

TDI-HWCN-Request for an IRO-18 pages

Respondent records- a total of 9 pages of records received to include but not limited to:
Dr. records 2.4.11-2.25.11; A1 Imaging report 1.18.11

Requestor records- a total of 14 pages of records received to include but not limited to:
PHMO Notice of an IRO; MRI Right Shoulder Post Arthrogram 2.24.11, 4.1.11; Dr. records 2.4.11-4.4.11; report, Dr., 2.24.11

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient sustained an on the job injury on xx/xx/xx. He fell off of scaffolding and injured his left knee and right shoulder.

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.

RATIONALE:

THE EXAMINTION NOTES DO NOT SUGGEST A NEED FOR AN MRI/ARTHROGRAM. THE PATIENT SAW DR. IN MARCH 2011 AND APRIL 2011 WITH NO MENTION OF HIS LEFT KNEE IN THE EXAM. THE PREVIOUS MRI DATED 1/18/2011 DID NOT SHOW ANY DAMAGE TO THE MENISCUS OR OF LIGAMENT TEAR. THERE HAS BEEN NO PREVIOUS SURGICAL INTERVENTION BASED UPON THE RECORDS THAT WOULD SUGGEST A PRIOR MENISCAL SECTION. THEREFORE, BASED ON THE RECORDS THE REQUESTED PROCEDURE DOES NOT MEET ODG GUIDELINES FOR MEDICAL NECESSITY.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

- XX ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES