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IRO Certificate #4599

*Notice of Independent Review Decision*

**DATE OF REVIEW: 5/3/11**

**IRO CASE #:**

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

Knee Arthroscopy / Surgery, left

**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:

Upheld	(Agree)
<input checked="" type="checkbox"/> Overturned	(Disagree)
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, 3/22/11, 3/7/11

Other reviewer notes, Dr. Dr.

Diagnostic testing reports, 9/20/10, 11/8/10

Clinical notes, Dr., 9/24/10-1/19/11

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient injured his left knee in xx/xxxx when he fell. He was subsequently seen by a treating physician on 9/24/10. At that time the treating physician evaluated him without any major findings. The patient wanted to continue working and was allowed to continue working. Then on 10/25 he reported some popping and locking and he had some decreased range of motion and some joint pain. Because the patient continued to have pain, an MRI was done on 11/ 8/10. MRI was read as showing a tear in the posterior medial meniscus along with tendonosis of the patella tendon and chondromalacia to the patella and the medial articular surface.

The patient continued to work, but apparently continues to have pain. On followup by the treating physician the patient continued to have joint pain, some limitation of motion and he did not function in a normal fashion. Because he continued to have pain, an arthroscopy was scheduled but was denied by the carrier.

It is not known by this reviewer exactly how much conservative care the patient received. The patient apparently had a good work attitude and returned to work immediately and continued to work throughout the period of time after his injury. There's no specific mention in the records provided for this review of the physical therapy, NSAIDs, injections, etc.

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

I disagree with the benefit company's decision to deny the requested services. The patient is now six months or more post injury and continues to have pain. The MRI documented a torn medial meniscus. He also has chondromalacia changes in the patella and the medial compartment, and tendonosis of the patella tendon. By history the patient had a previous arthroscopic procedure on the opposite knee, so he is aware of this procedure, its recovery time etc. While I do not see specific documentation of anti-inflammatory meds, injections etc. I doubt that this would have made a significant difference in his patient's treatment programs as he has continued to work since the time of his injury. The patient does have factors that may make complete resolution more difficult: chondromalacia to the patella and condyle and his weight, a BMI of 37. The patient has continued to work and has exhibited an attitude of trying to get well and in such an individual an arthroscopic partial meniscectomy might be able to decrease pain and increase his functionality.

**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)