

MAXIMUS Federal Services, Inc.
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Notice of Independent Review Decision

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Notice of Independent Medical Review Decision

Reviewer's Report

DATE OF REVIEW: October 31, 2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

RUSH Outpt Right Knee Scope 29888, 29877.

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

M.D., Board Certified in Orthopedic Surgery.

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)

The requested service, RUSH Outpt Right Knee Scope 29888, 29877, is not medically necessary for treatment of the patient's medical condition.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Request for a Review by an Independent Review Organization dated 10/16/11.
2. Confirmation of Receipt of a Request for a Review by an Independent Review Organization (IRO) dated 10/19/11.
3. Notice of Assignment of Independent Review Organization dated 10/20/11.
4. Pre-authorization request dated 10/18/11 from.
5. Patient information sheet dated 10/14/11.
6. Texas Workers' Compensation Work Status Report dated 10/14/11.
7. Medical records from dated 6/30/11, 7/07/11, 9/23/11, and 10/14/11.
8. Physical Therapy Initial Evaluation dated 10/18/11.
9. Referral dated 9/23/11.
10. Texas Workers' Compensation Work Status Report dated 9/23/11.
11. MRI of the right knee dated 7/05/11.
12. Texas Workers' Compensation Work Status Report dated 7/07/11.
13. Texas Workers' Compensation Work Status Report dated 6/30/11.
14. Medical records from DO dated 7/29/11.
15. Denial documentation.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who injured his right knee on xx/xx/xx when he sustained a twisting injury to his knee. An MRI of the patient's knee on 7/05/11 showed the proximal anterior cruciate ligament to have an abnormal signal which was thought to represent a high grade partial thickness tear. The patient presented on 7/29/11 and complained of swelling, locking, clicking, popping and instability in his right knee. On examination, the patient had decreased flexion and extension secondary to pain, crepitus and a positive McMurray's test. The patient had a questionably positive anterior drawer test, Lachman's test and pivot shift test. The patient's orthopedic surgeon recommended operative arthroscopy of the right knee with anterior cruciate ligament substitution using patellar tendon autograft.

The URA indicated the patient did not meet Official Disability Guidelines (ODG) criteria for the requested services. Specifically, the URA's initial denial stated that there was no documentation of conservative care (including medications or physical therapy) and functional limitations that continue despite conservative care to support the medical necessity of the diagnostic arthroscopy. On appeal, the URA indicated that there is still no clear documentation of conservative treatment, including physical therapy and activity modification. The URA noted that optimized pharmacotherapeutic utilization in conjunction with VAS scoring was not evidenced in the report.

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

Official Disability Guidelines recommend conservative treatment of physical therapy and/or bracing and evidence of anterior cruciate ligament disruption on imaging. Based upon the submitted medical records and the review of the MRI report, it is not clear the patient has full thickness anterior cruciate ligament tear. Further, the documentation does not demonstrate that the patient has received conservative treatment, including physical therapy to gain range of motion (which is critical preoperatively), activity modification or anti-inflammatory medication. All told, the patient does not meet Official Disability Guidelines criteria for the requested services, and the requested surgery is not medically indicated for the treatment of this patient.

Therefore, I have determined that the requested service, RUSH Outpt Right Knee Scope 29888, 29877, is not medically necessary for treatment of the patient's medical condition.

A 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)**