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**Notice of Independent Review Decision**

**DATE OF REVIEW:** 11-15-2011

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

The item in dispute is the prospective medical necessity of left knee arthroscopy.

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

The reviewer is a Medical Doctor who is board certified in Orthopedic Surgery. This reviewer has been practicing for greater than 10 years.

**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 reviewer disagrees with the previous adverse determination regarding the left knee arthroscopy.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Records were received and reviewed from the following parties: Review Med  
These records consist of the following:

MDR paperwork

From Med Review:  
Review Med reports 9-13-2011, 9-22-2011  
Review Med worksheet 9-8-2011, 9-15-2011  
MD report 9-1-2011  
MD report 9-20-2011  
MD utilization review referral 9-7-2011  
MD report 9-7-2011

Medical Center reports 5-24-2011 (date difficult to discern)  
MD reports 9-23-2011, 9-7-2011,  
Case Management and Treatment 5-26-2011, 6-15-2011  
MRI reports 7-21-2011 with prescription  
United Neurology reports 7-11-2011, 7-18-2011  
MD prescription 7-12-2011  
EMS report 5-24-2011  
reports 5-24-2011  
Healthtrust reports 10-7-2011, 9-20-2011, 9-6-2011, 8-5-2011, 7-29-2011 (date difficult to discern), 7-18-2011, 7-8-2011, 6-29-2011, 6-27-2011, 6-23-2011, 6-17-2011, 6-15-2011, 6-13-2011, 6-8-2011, 6-6-2011, 6-3-2011, 6-1-2011, 5-31-2011, 5-27-2011, 5-26-2011.

#### **PATIENT CLINICAL HISTORY [SUMMARY]:**

The claimant was noted to have been involved in a MVA. Medical Center records dated xx/xx/xx were reviewed. Diagnoses have included lumbar discogenic pain, knee meniscal tear and contusion of the ankle. The claimant's attending physician records were reviewed. This included the 9/23/11 dated record from a Dr.. The claimant was noted to have sustained a lateral meniscal tear on MRI, as per the clinical report dated xx/xx/xx. A mild limp was noted, as was ongoing subjective knee pain. Knee motion from 0-130 was noted, the knee was stable to stress, and there was a small left knee effusion. Medial and lateral joint line tenderness was noted. The claimant was noted to be 5'1" with a weight of 203 lbs. The 9/1/11 dated second opinion MRI interpretation was associated with a torn lateral meniscus and patellar chondromalacia. The 7/21/11 dated left knee MRI report denoted a lateral meniscal tear. The 7/11/11 dated neurology evaluation was also reviewed. This revealed a diagnosis of left knee contusion, among other diagnoses including lumbar radiculopathy. Therapy progress notes from the spring, summer and fall of 2011 were provided and reviewed. Denial letters noted the lack of provision of an actual MRI report and the lack of detailed non-operative treatment records.

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

Recommend approval of left knee arthroscopy. ODG clinical guidelines support an arthroscopic procedure (such has been requested) only in certain specific circumstances.

These are that “Pain and functional limitations continue despite conservative care.” In this case, this criterion has been established. Clinical criteria also include a detailed provision of actual records that specify a comprehensive trial and failure of non-operative treatment (such as medications, injections and therapy). Such records have been submitted for review. Therefore, the proposed procedure is reasonable and medically necessary at this time, as per applicable clinical guidelines.

**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)