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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Apr/17/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
a third Rt knee arthroscopy

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
M.D., Board Certified Orthopedic Surgery

REVIEW OUTCOME:
Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:
[X] Upheld (Agree)
[ ] Overturned (Disagree)
[ ] Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW
Official Disability Guidelines and Treatment Guidelines
Utilization review determination letter 02/10/12
Peer review M.D. 02/09/12
Utilization review determination letter 02/27/12
Peer review M.D. 02/27/12
Progress notes M.D. 04/18/11-02/02/12
Right knee arthrography and MRI procedure 01/09/12 and 08/08/11
MRI right knee 01/09/09
Operative report right knee arthroscopy with anterior cruciate ligament and posterior cruciate ligament augmentation, partial medial and lateral meniscectomy, complete synovectomy, lysis of adhesions, and insulation of platelet rich plasma 05/10/11
Office visit notes DO 10/12/11-10/25/11
Preauthorization request 02/07/12
Preauthorization reconsideration request 02/22/12

PATIENT CLINICAL HISTORY SUMMARY
The claimant is a female who injured her right knee on xx/xx/xx when she tripped at work. According to progress note dated 04/18/11 she complained of pain, popping, giving out, locking up of right knee. She has had physical therapy, cortisone injections, Hyalgan x 5, knee brace, all without relief. Examination of right knee reported functional range of motion; medial joint line tenderness; lateral joint line tenderness; positive McMurray's; no instability; diffuse soft tissue swelling. According to Dr. note, MRI showed no obvious tears. Noting the claimant had tried and failed conservative treatment, Dr. recommended diagnostic scope. The claimant underwent surgical intervention on 05/10/11 with ACL and PCL augmentation, partial medial and lateral meniscectomy, complete synovectomy, lysis of adhesion and end stage platelet rich plasma. The patient had postoperative physical therapy. Follow-up on

11/10/11 noted the claimant states she is not getting any better. She still complains of popping, clicking, locking, and giving out. On 12/01/11 the claimant stated cortisone injection only gave her temporary relief. Physical therapy is not providing relief. MRI arthrogram performed on 01/09/12 reported no detected posteromedial meniscus linear tear; unchanged, few mm posterolateral free edge parrot beak tear; unchanged, minimal, non-diagnostic and more likely degenerative signal within posterolateral meniscus. The claimant was seen on 02/02/12 following right knee arthrogram. The claimant states she was doing very well for a few weeks following surgery on 09/13/11 until she felt a new pop. Since then has had pain, popping. She states she has had physical therapy and cortisone injection without relief.

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

The claimant reportedly tripped at work injuring her right knee. She is status post right knee arthroscopy performed 05/10/11 followed by post-op therapy. She remains symptomatic and underwent repeat right knee scope on 09/13/11. An MRI arthrogram of the right knee on 01/09/12 revealed no significant interval changes from previous MR arthrogram performed 08/08/11. The claimant has undergone two previous arthroscopic procedures to the right knee with no significant benefit. A third arthroscopic procedure to the right knee is unlikely to have any better result. The reviewer finds that a third Rt knee arthroscopy is not indicated as medically necessary at this time.

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

[ ] ACOEM-AMERICA 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

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[ ] MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

[ ] MILLIMAN CARE GUIDELINES

[X] 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)