



Notice of Independent Review
AMENDED REPORT – added grid with specific denial information

REVIEWER’S REPORT

DATE NOTICE SENT TO ALL PARTIES: 11/12/12

IRO CASE #:

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

Texas-license M.D., board certified in orthopedic surgery.

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Left knee arthroscopy 2/lateral release (29873) by 12/07/12

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

- Upheld** (Agree)
- Overtured** (Disagree)
- Partially Overtured** (Agree in part/Disagree in part)

<i>Primary Diagnosis Code</i>	<i>Service Being Denied</i>	<i>Billing Modifier</i>	<i>Type of Review</i>	<i>Units</i>	<i>Date(s) of Service</i>	<i>Amount Billed</i>	<i>Date of Injury</i>	<i>DWC Claim #</i>	<i>Upheld Overturn</i>
836.3	29873		Prosp.	1					Upheld
836.3	29873		Prosp	1					Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

1. TDI case assignment.
2. Letters of denial 09/12/12 and 10/19/12, including medical records reviews and criteria used in the denial.
3. Correspondence from treating doctor 09/06/12.
4. Office encounter notes 07/25, 08/22, 08/30/2012.
5. Radiology report 07/18/12,

PATIENT CLINICAL HISTORY (SUMMARY):

The injured employee is a female who suffered an injury to her left knee on xx/xx/xx. The injury was produced by a forceful extension. She suffered dislocation of the left patella. She has a history of previous dislocations of the patella. Physical examination at the current time of these medical records reveals 5-degree lack of full extension and flexion to 130 degrees. There is retropatellar crepitus, a 1+ effusion, and pain to palpation in the medial retinaculum. Tests of ligamentous integrity are normal. Tests of meniscal integrity are normal. The current recommendation is for arthroscopic reconstruction of the left knee with lateral retinacular release. This recommendation has been considered and denied; it was reconsidered and denied.

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

The medical records provided lack specificity as to the non-operative treatment provided this injured employee. There is no documentation of specific physical therapy regimen, the number of visits to physical therapy, or the exercise protocols utilized. There is no documentation of patellar stabilizing brace application. Changes in quadriceps strength are not documented. In the absence of documentation of vigorous quadriceps rehabilitation, adverse determination is respectfully recommended. The prior denials were appropriate and should be upheld.

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

AHCPH-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 judgment, clinical experience and expertise in accordance with accepted medical standards

Mercy Center Consensus Conference Guidelines

Milliman Care Guidelines

ODG-Office 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)