

Core 400 LLC

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: December/15/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Outpatient right knee arthroscopy with partial medial meniscectomy

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:

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Official Disability Guidelines-Treatment for Workers' Compensation
Denial Letters, 11/04/11, 11/23/11
Physical therapy notes 09/19/11-10/28/11
Preauthorization request 11/01/11
Preauthorization appeal request 11/07/11
10/31/11, with addendum note 11/04/11
MRI right knee 09/08/11
X-rays right knee 09/26/11
07/27/11-11/14/11

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male whose date of injury is xx/xx/xx. He complains of right knee pain. MRI taken 09/08/11 revealed grade II degenerative hyper signal intensity involving posterior horn of medial meniscus; focus of hyper signal intensity involving articular surface of medial femoral condyle, suggestive of bony contusion or osteonechrosis; small focus of hyper signal intensity involving medial aspect of medial tibial plateau which may represent focus of bony contusion; small right knee joint effusion. X-rays of right knee on 09/26/11 reported narrowing of medial joint space of medial joint compartment. Therapy and injections have been administered without improvement. Examination of the right knee on 10/31/11 reported trace effusion present; medial joint line tenderness; positive medial McMurray's and stable ligamentous testing; no lateral joint line tenderness; negative lateral McMurray's; plica is nontender and not enlarged; pes nontender to palpation; patellar compression negative and patellar apprehension negative. Range of motion testing revealed flexion 115 degrees and extension 0.

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

This man injured his right knee on 07/27/11. MRI revealed degenerative hyper signal intensity involving posterior horn of medial meniscus, with no evidence for meniscal tear. The

claimant was treated conservatively with physical therapy and epidural steroid injection without significant improvement. On examination, the claimant had positive McMurray's medially, with trace effusion present and medial joint line tenderness. Range of motion was decreased with 0-115 degrees. He has failed appropriate course of conservative treatment. MRI is inconclusive, but physical examination is consistent with meniscal tear. The reviewer finds there is a medical necessity for Outpatient right knee arthroscopy with partial medial meniscectomy.

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

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)