

Notice of Independent Review Decision

REVIEWER'S REPORT

Date notice sent to all parties: June 14, 2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Knee arthroscopy/menisectomy; arthroscopy knee surgery: minisectomy, knee arthroscopy/med. or lat. meniscus repair, arthroscopic ACL repair/augmentation/reconstruction.

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

M.D., F.A.C.S., board certified orthopedic surgeon with extensive experience in the evaluation and treatment of patients who have suffered knee injury

REVIEW OUTCOME:

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

- | | |
|---|----------------------------------|
| <input checked="" type="checkbox"/> Upheld | (Agree) |
| <input type="checkbox"/> Overturned | (Disagree) |
| <input type="checkbox"/> Partially Overturned | (Agree in part/Disagree in part) |

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

1. TDI case assignment.
2. Letters of denial 05/09/12 & 05/25/12, including criteria used in the denial.
3. Medical record review 01/03/12.
4. Physical therapy re-evaluation/progress report 02/06/12.
5. MRI – right knee w/o contrast 12/16/11.
6. Treating doctor's evaluations and follow up 12/14/11 – 04/25/12.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a who suffered an injury to his right knee on xx/xx/xx when he slipped on ice. He has had an effusion of the knee, pain in the knee, tenderness along the medial joint line, and sensations of giving way. He has been evaluated. Physical findings suggest small effusion of the knee and tenderness along the medial joint line; no specific physical findings of ligamentous laxity have been documented. An MRI scan performed 12/16/11 revealed evidence of patellofemoral chondromalacia changes with fissuring of the articular surface of the patella and the trochlea. The patient has been treated with physical therapy. Other forms of treatment have not been documented. The request to perform arthroscopic surgery including meniscectomy or meniscal repair and ACL repair or reconstruction has been considered denied, reconsidered and denied.

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

There is inadequate medical record documentation of physical findings or radiographic findings that would confirm meniscal pathology and anterior cruciate ligament laxity and pathology. There is insufficient medical documentation of non-operative treatment, including home exercise program, bracing, and medical management with non-steroidal anti-inflammatory medication. The patient lacks the necessary physical findings and treatment with non-operative methods to justify arthroscopic procedure to include meniscectomy, meniscal repair, anterior cruciate ligament repair, and/or anterior cruciate ligament reconstruction.

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

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)