

# C-IRO Inc.

An Independent Review Organization

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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE NOTICE SENT TO ALL PARTIES:** Sep/06/2012

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

assistant surgeon

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

M.D., Board Certified Orthopedic Surgeon (Joint)

**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)

**Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute.** The reviewer finds medical necessity does not exist for assistant surgeon

**INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

ODG - Official Disability Guidelines & Treatment Guidelines

MRI left knee 04/08/11

Operative report 10/21/11

Denial letter dated 08/06/12

Insurance information no date

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The claimant is a male who has been followed for complaints of left knee pain. MRI of left knee on 04/08/11 showed a linear tear within the junction and body of posterior horn of medial meniscus. Left knee partial meniscectomy with loose body excision, synovectomy, and chondroplasty of left knee was performed on 10/21/11. Denial letter dated 08/06/12 indicated the use of assistant surgeon coding for the 10/11 procedure was not medically necessary.

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

Assistant surgeon guidelines (Physicians as Assistants at Surgery, AMA) indicate that assistants are sometimes used for meniscectomy and chondroplasty procedures. There was no indication from the clinical notes provided that extensive pathology was present in the left knee that presented sufficient complications that the procedure could not have been completed appropriately with only the performing surgeon. It is the opinion of the reviewer

that medical necessity was not established for an assistant surgeon. The reviewer finds medical necessity does not exist for assistant surgeon

**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)

Physicians as Assistants at Surgery, AMA