



Southwestern Forensic
Associates, Inc.

Notice of Independent Review Decision

IRO REVIEWER REPORT

Date originally sent: August 13, 2012

Amended date: August 17, 2012

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Left knee arthroscopic surgery with anterior cruciate ligament repair, synovectomy, and lysis of adhesions

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

M.D., 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:

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

The reviewer does not find medical necessity for the requested surgical procedure including ACL repair, synovectomy, and lysis of adhesions.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

1. forms
2. Certification of independence of the reviewer.
3. TDI referral forms
4. denial letters 06/25/12 and 07/25/12
5. Requestor records
6. Fax cover sheets, 08/01/12 and 08/02/12
7. Clinical notes, 08/01/12, 07/19/12, 07/12/12, 06/07/12 with corrected copy of 08/01/12
8. Diagnostics laboratory data, 06/21/12
9. MRI scan, left knee, 12/01/11
10. URA records
11. Request for medical records

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12. Fax cover sheet, law office of and
13. Request for preauthorization, 06/20/12
14. Patient data form, Accident and Injury Rehab, 11/30/11, D.C., with daily physical therapy notes

PATIENT CLINICAL HISTORY [SUMMARY]:

The injured employee is a worker who suffered a hyperextension twisting-type injury to his left knee on xx/xx/xx when he stepped into an open trap cover (so called mouse trap). He has suffered pain in the knee with symptomatic catching/locking instability. Effusion is reported. He has been treated with nonsteroidal anti-inflammatory medication, activity modifications, and extensive physical therapy. He remains symptomatic. Request to preauthorize knee arthroscopy, ACL repair, synovectomy, and lysis of adhesions were considered and denied primarily because the MRI scan of the left knee 12/01/11 demonstrated only small bone bruise without evidence of significant effusion or soft tissue injury.

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

The MRI scan of 12/01/11 fails to demonstrate pathology for which the surgical procedure requested for preauthorization would be applicable. There clearly is no evidence of synovitis or adhesions, and the ACL is reported intact. No soft tissue injuries have been demonstrated on the MRI scan. The prior denials of the request to preauthorize surgical arthroscopy for ACL repair, synovectomy, and lysis of adhesions was 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.
- 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 judgment, 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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)