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IRO Certificate #4599

Notice of Independent Review Decision

DATE OF REVIEW: 3/29/13

IRO CASE NO.

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Diagnostic arthroscopy, right knee, possible ACL reconstruction Allograft; CPT: 29870 29888

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

Physician Board Certified: Orthopaedic Surgery

REVIEW OUTCOME

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

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

INFORMATION PROVIDED TO THE IRO FOR REVIEW

PATIENT CLINICAL HISTORY SUMMARY

Patient is a xx y/o male who sustained an injury while at work in xxxxx. He was climbing the stairs and felt his knee bend forward. While trying to adjust his steps, he felt pain in the back of that knee. He is currently a x' x, xxx lb individual. He was initially evaluated by an RN at the clinic and when he did not improve substantially, was seen by an orthopedist on 6/21/11. At that time, a 2+ positive Lachman's, along with joint line tenderness, was found. An MRI was done (date and findings illegible) and reported in the notes although an official report was not included. At that time, the ACL was reported intact. There was a tear of the medial meniscus. Patient subsequently underwent arthroscopic surgery in 11/16/11 with partial medial meniscectomy of the right knee, chondroplasty of medial femoral condyle and patella and patellofemoral joint. The ACL was described as intact in his operative report. Patient underwent physical therapy and post operative recourse, but did not improve rapidly and missed a considerable amount of work. He had an x-ray on 4/13/12 describing mild osteoarthritis and probable bipartite patella. A followup x-ray was done on 9/29/12 after more complaints of right knee pain and showed bipartite patella. Patient continued to complain of pain and difficulty. He reportedly had a followup MRI dated 10/11/12 showing a torn ACL and a torn medial meniscus. It has been suggested by another surgeon that he undergo an arthroscopic evaluation and ACL reconstruction. It is noted that the patient had two arthroscopies both indicating an intact ACL although only one operative note (11/16/11) was provided.

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

Opinion: I agree with the benefit company's decision to deny request because of the inconsistencies in the patient's operative report and followup MRI. **Rationale:** As best as can be determined, he had an MRI showing an intact anterior cruciate. He then subsequently had surgery in which the treating physician described the ACL intact. This would be the most definite arthroscopic evaluation where one could actually probe the meniscus, etc.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION (cont'd)

While the patient subsequently had an MRI describing a tear, it appeared by clinical examination that he did not have instability indicating a definite tear. The patient is substantially overweight and has chondromalacic changes of the medial femoral condyle and patella atrophy which may be a significant factor in his ongoing pain.

DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION

ACOEM-AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL
MEDICINE UM KNOWLEDGE BASE

AHCPR-AGENCY FOR HEALTH CARE 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 & EXPERTISE IN ACCORDANCE WITH
ACCEPTED MEDICAL STANDARDS X**

MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

MILLIMAN CARE GUIDELINES

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES X

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 DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES
(PROVIDE DESCRIPTION)