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IRO Certificate #4599

Notice of Independent Review Decision

DATE OF REVIEW: 7/01/13

IRO NO:

DESCRIPTION OF SERVICE OR SERVICES IN DISPUTE:

Left knee arthroscopy, with meniscectomy (medial or lateral, including any meniscal shaving), including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s). CPT: 29881

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)	<u>X</u>
Overtured	(Disagree)	
Partially Overtured	(Agree in part/Disagree in part)	

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Adverse Determination Letter, 5/06/13
Appeal Letter, 5/28/13
Reply/Appeal Letter, 5/31/13
Peer Review, 5/06/13
Peer Review, 5/30/13
Clinic Notes (3):The Institute: Patient History/Physical Assessment/Discussion Plan: 6/20/13; 4/19/13; 3/18/13
Physical & Motor Examination, 12/18/12
Radiology: MRI Knee (left) w/o contrast (routine), 8/23/12
ODG (Official Disability Guidelines)

PATIENT CLINICAL HISTORY SUMMARY

The patient is a female, diabetic, who sustained a knee injury in xx/xx/xx. Reports state she slipped on a wet floor, landing on her left knee. Patient was taken to the emergency room where she was diagnosed with a fractured patella and admitted for surgery. There were no operative notes on that surgery. It was mentioned that the patient underwent therapy for 7 weeks, but there was no documentation of the history of the treatment program after that procedure.

Because the patient continued to have some intermittent pain, swelling, giving way, it has been suggested by her treating physician that she undergo arthroscopy. There are no actual reports of physical therapy or injections, etc. included in the documents sent, but the treating physician does say that, prior to his seeing this patient, another orthopedist treated the patient and did the physical therapy and injections in a

conservative care period. Unfortunately, those details are not documented. Because of the ongoing pain, arthroscopy, with meniscectomy, including debridement, are being requested. An MRI was done on 8/23/12 and interpreted as showing moderate retropatellar and trochlear cartilaginous loss, described as degenerative. Also noted was a very small tear in the lateral aspect of the body of the lateral meniscus.

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

Decision:

I agree with the benefit company's decision to deny the requested services.

Rationale:

As best I can tell, there is no substantial meniscal tear that would be causing mechanical problems, such as 'catching', walking, etc. It appears by the MRI (8/23/12) the main problem is a cartilaginous loss and it would be unknown as to how much benefit an arthroscopic debridement would offer.

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

ACOEEM-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)