

Parker Healthcare Management Organization, Inc.

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Notice of Independent Review Decision

DATE OF REVIEW: MAY 21, 2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of proposed right knee arthroscopy with meniscectomy (29881)

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

This case was reviewed by a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer specializes in orthopedic surgery and is engaged in the full time practice of medicine.

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)

Primary Diagnosis	Service being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim#	IRO Decision
836.0	29881		Prosp	1					Overturned

TDI-HWCN-Request for an IRO- 22 pages

Respondent records- a total of 45 pages of records received to include but not limited to: letters 4.3.13, 4.18.13; TDI letter 5.1.13; Request for an IRO forms; report, 4.2.13; report 4.17.13; MRI Rt Knee 3.20.13, 9.6.12

Requestor records- a total of 35 pages of records received to include but not limited to: Patient info sheet; letters 4.3.13, 4.18.13; report 4.2.13; report 4.17.13; MRI Rt Knee 3.20.13, 9.6.12; x-rays 8.31.12, 3.25.13, 9.27.12; records 8.31.12-3.25.13

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient has had a prior arthroscopy of the same knee. He had a twisting injury dated xx/xx/xx. He has complaints of a knee which has locking. He is limping. He has medial joint line tenderness. The gait pattern has deteriorated. He had an MRI on 9/6/12. This was interpreted as consistent with a complete tear of the posterior horn of the medial meniscus. Other findings would not be anticipated to contribute to locking and giving way. He was treated nonsurgically and has failed conservative care. A more recent MRI, dated 3/20/13, was reported as consistent with marked abnormal morphology of the posterior horn and body of the medial meniscus. These findings were interpreted as consistent with a history of prior meniscal tear and orthopaedic intervention.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDLEINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.

By history, the patient did well after the prior surgery on the same knee, only developing problems after another injury. ODG guidelines indicate a diagnostic arthroscopy after conservative care and continuing pain and functional limitations PLUS imaging which is inconclusive. The patient's case meets ODG guidelines. The denial is overturned

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

XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

XX ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES