

Envoy Medical Systems, LP
4500 Cumbria Lane
Austin, TX 78727

PH: (512) 836-9040
FAX: (512) 491-5145
IRO Certificate #4599

Notice of Independent Review Decision

DATE OF REVIEW: 9/11/13

IRO CASE NO.

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Right Knee Scope, MMD CPT: 29882 29877 29880 29881

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

Physician Board Certified in Orthopaedic Surgery

REVIEW OUTCOME

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

Upheld (Agree)

Overtured (Disagree) X

Partially Overtured (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Adverse Determination Letter, 6/26/13

Reconsideration Determination, 7/18/13

Diagnostic Testing, includes: X-Ray (4), View of RT Knee, 4/03/13; MRI of RT Knee & Screening Form, 3/07/13; Physical Therapy Initial Eval/Plan of Care, 5/14/13; Physical Therapy Progress Notes (9), dated 6/27/13 - 5/21/13.

Clinical Notes (6), dated 7/18/13 - 4/03/13

ODG (Official Disability Guidelines)

PATIENT CLINICAL HISTORY SUMMARY

Patient reportedly sustained on the job injury in xx/xxxx. It involved a twisting episode to the right knee. Patient had pain and swelling, at that time, and was subsequently seen by several physicians and then treated with physical therapy. Each physician reported the patient had pain at the joint line, primarily medially, at times also had swelling, and consistently had AP (anterior-posterior) laxity, primarily a posterior drawer. The physical therapy reports consistently describe the patient as having pain and, at times, a 'catching' and 'popping' of the knee. An attempt was made at physical therapy and patient underwent a number of physical therapy sessions. He was described as 'compliant' by the treating therapist. The therapist stated, again, the patient continued to complain of pain and swelling in his knee. The treating physician felt that the patient had both signs and symptoms clinically of a torn meniscus. He felt that there were findings on the MRI of a meniscal tear medially. The MRI had been read by the radiologist as no definite medial meniscal tear so there was some difference of opinion of the treating physician and of the radiologist. Everyone seemed to agree that there was a posterior cruciate tear. Because of the continued pain and physical findings, the treating physician has suggested an arthroscopy with a partial medial menisectomy indicated.

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

I disagree with the benefit company's decision to deny the requested service.

Rationale:

The patient had examinations by at least 3 physicians and physical therapists and all of them indicated he had pain. The treating physician felt he had signs and symptoms of a torn medial meniscus. With ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION (cont'd) arthroscopy one can be certain about the degree of posterior cruciate injury and meniscal pathology, whether it's medial or lateral. Since patient has not responded to appropriate, conservative care, it's reasonable to do a diagnostic arthroscopic examination and then decide whether anything further needs to be done. The treating physician should be prepared to act on the posterior cruciate tear, if he felt this was necessary, and if the patient desired to also consider treatment of this entity.

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)