



Medwork Independent Review

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MEDWORK INDEPENDENT REVIEW WC DECISION

DATE OF REVIEW: 8/24/2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Left knee arthroscopy, debridement, manipulation under anesthesia and post-operative use of knee immobilizer and mechanical DVT prophylaxis with use of venapro devices.

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

Texas State Licensed MD Board Certified Orthopedic Surgeon.

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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

PATIENT CLINICAL HISTORY:

The patient is a xx year old. The physician indicates that there is left knee pain, instability, limited function due to an injury related to work on xx/xx/xx. The physician assess that the claimant has a possible ACL sprain, repeat injury. He provided an anti-inflammatory and a knee brace and a IME dated 08/24/2002 was performed. At that point the physician concludes with a 4% impairment based on the 4th edition of the AMA guide. The physician states that the claimant has a healed ACL and that on 4/16/2002 he recommended a work hardening program after the reconstruction.

The patient was evaluated on 3/26/2002 and has had a recurrent injury after the ACL reconstruction in which he has developed swelling.

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

Based on the provider medical documentation, it is unclear when the left knee arthroscopy debridement manipulation under anesthesia and postoperative use of a knee immobilizer and mechanical DVT prophylaxis, reno pro devices ordered.

ODG guidelines are utilized stating that in the knee and leg chapter, there is the use of mechanical DVT prophylaxis device. After routine knee arthroscopy, indicated in only specific circumstances, where there



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is a high risk of DVT, for VTE formation and the claimant states no such high risk clinical history was provided in regards to the knee for left knee arthroscopy debridement and manipulation under anesthesia.

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 JUDGEMENT, 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 NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)