

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

May 28, 2003

Re: IRO Case # M2-03-0779

Texas Worker's Compensation Commission:

___ has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to ___ for an independent review. ___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, ___ received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a physician who is Board Certified in Orthopedic Surgery. He or she has signed a certification statement attesting that no known conflicts of interest exist between him or her and any of the treating physicians or providers, or any of the physicians or providers who reviewed the case for a determination prior to referral to ___ for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the ___ reviewer who reviewed this case, based on the medical records provided, is as follows:

History

The patient is a 41-year-old male who injured his right knee in a motor vehicle accident on ___. The patient complained of right knee pain, primarily on the medial side of his knee. A few months before the accident the patient had been evaluated for chronic right knee pain and was noted to have a 20-year history of right knee problems. He reported locking, swelling, pain, and giving way in his right knee. An MRI 5/6/02 showed a joint effusion with tri-compartmental degenerative arthritis without evidence of a meniscal tear. An MRI on 8/7/02 again revealed a moderate size joint effusion with degenerative changes/chondromalacia in all compartments of the knee. The patient was also noted to have a partial thickness tear of the MCL with no evidence of a meniscal tear. The patient's

pain over the medial side of his knee continued. Examinations of the right knee revealed no instability, good range of motion, and persistent tenderness focalized over the medial side of the knee joint. The patient was treated with physical therapy, medication and modalities. An MRI on 2/20/03 again revealed tri-compartmental degenerative arthritis with clear evidence of a tear involving the posterior horn of the medial meniscus.

Requested Service

Arthroscopy right knee with possible medial meniscus repair.

Decision

I disagree with the carrier's decision to deny the requested treatment.

Rationale

The patient reported multiple reported injuries to his right knee with focalized pain over the medial side of his knee. He has been treated with medication, modalities and physical therapy without benefit. He also suffers from degenerative arthritis, which is a disease of life, not related to an injury. However, the patient's injuries have exacerbated this condition, including a tear of the meniscus which is likely degenerative. MRI scans of the knee are only about 90% accurate, which means that meniscal tears can be missed. The patient's symptoms and examinations have continued to suggest medial knee pain with possible meniscal pathology. An MRI has now confirmed this diagnosis. It would be reasonable to proceed with right knee arthroscopy at this point. Any chronic pain in the right knee following arthroscopic surgery and some physical therapy would likely be related to the patient's degenerative arthritis.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision, a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

If disputing other prospective medical necessity (preauthorization) decisions, a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing should be sent to:
Chief Clerk of Proceedings, Texas Worker's Compensation Commission, P O Box 40669,
Austin, TX 78704-0012. **A copy of this decision should be attached to the request.**

The party appealing this decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute (Commission Rule 133.308(t)(2)).

Sincerely,

In accordance with Commission Rule 102.4 (b), I hereby certify that a copy of this Independent Review Organization (IRO) decision was sent to the carrier and the requestor or claimant via facsimile or US Postal Service from the office of the IRO on this 29th day of May 2003.