

February 3, 2004

Re: MDR #: M2-04-0624-01
IRO Certificate No.: 5055

In accordance with the requirement for TWCC to randomly assign cases to IROs, TWCC assigned your case to ___ for an independent review. ___ has performed an independent review of the medical records to determine medical necessity. In performing this review, ___ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

I am the Secretary and General Counsel of ___ and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this care for determination prior to referral to the Independent Review Organization.

The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician who is certified in Chiropractic Medicine.

Clinical History:

This female patient was involved in a work-related injury on ___, resulting to injury to her right knee. She completed a trial of conservative chiropractic management prior to the application of invasive procedures. MR imaging of the right knee performed on 03/21/00 revealed obliquely oriented radial tears to the anterior horns of both the lateral/medial menisci with tears extending to the inferior surface and grade I patellar chondromalacia.

MR imaging of the lumbar spine, performed on 06/11/01, revealed lateral recess narrowing on the right side at L4/5 with midline disc bulge at L5/S1. On 06/27/00, the patient underwent a repair of the right knee lateral meniscus lateral compartment, arthroscopic partial medial meniscectomy of the medial compartment right knee, right knee arthroscopic extensive synovectomy, right knee abrasion arthroplasty/chondroplasty, right knee arthroscopic extensor realignment with radiofrequency, and a right knee arthroscopic excision of loose body.

A surgeon diagnosed and operated on a right femoral nerve entrapment on 07/05/01. On 10/22/01, the following procedures were performed on the right knee: arthroscopic anterior cruciate repair with radiofrequency shrinkage, arthroscopic lysis of adhesions (synovectomy), lateral compartment arthroscopic meniscal repair, medial compartment arthroscopic meniscectomy, femoral compartment arthroscopic abrasion arthroplasty, arthroscopic extensor realignment with radiofrequency shrinkage, and posterior compartment removal of loose body.

Electrodiagnostics performed on 06/07/02 revealed the presence of a L5 radiculopathy. MR imaging of the right knee performed on 09/23/02, revealed history of previous meniscectomy and chondromalacia. MR imaging of the lumbar spine performed on 09/23/02, revealed mild facet degenerative changes of the lumbar spine.

Surgical applications, including a total knee arthroplasty, were discussed with the claimant on 01/17/03. The patient fell on ___ causing her acute injury to the right knee.

Disputed Services:

MRI of the right knee and femoral nerve block for the right leg.

Decision:

The reviewer disagrees with the determination of the insurance carrier and is of the opinion that the MRI and nerve block in dispute as stated is medically necessary in this case.

Rationale:

The treating orthopaedic surgeon discussed a total knee arthroplasty 6 months earlier and felt that the trauma experienced warranted additional diagnostic imaging. No osseous pathology is evident on the radiographs taken on 07/25/03, but the true concern with this patient is the soft tissue. The claimant is experiencing chronic pain syndrome over the right lower quarter, and this invasive application may assist the claimant in her ability to control her current pain generated.

It remains vital to the management of this claimant that the pain generators over the right lower quarter are identified in enhanced imaging of the right knee. An informed decision must be made by the claimant on the necessity of further surgical applications.

Continued treatment of this claimant must be active and patient-driven. Behavioral component in the management of this claimant is warranted.

The aforementioned information has been taken from the following guidelines of clinical practice and/or peer reviewed references.

- Bellamy, R. *Compensation Neurosis: Financial Reward for Illness as Nocebo*. Clin Orthop 1997 Mar; (336): 94-106
- Burns, J. W., et al. *Do Changes in Kinds of Fractures Influence Outcome Following Multidisciplinary Treatment for Chronic Pain? A Cross Lag Panel Analysis*. J Consult Clin Psychol, 2003 Feb; '71 (1): 81-91.
- Kroth, P., et al. *Is All Chronic Pain the Same? A 25-Year Followup Study*. Pain. 2003 Sep; 105 (1-2): 309-17.
- Fritz, R. C. *MR Imaging of Meniscal and Cruciate Ligament Injuries*. Nagn Reson Imaging Clin. Am., 2003 May; 11 (2): 283-93

We are simultaneously forwarding copies of this report to the payor and the Texas Workers' Compensation Commission. This decision by ___ 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 this 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 ten (10) days** of your receipt of this decision (28 Tex. Admin. Code 142.5©).

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 twenty (20) days** of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you **five (5) 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 Workers' Compensation Commission, MS-48
7551 Metro Center Dr., Ste. 100
Austin, TX 78744-1609

A copy of this decision should be attached to the request. The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute.

I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on February 3, 2004

Sincerely,