

April 19, 2005

TEXAS WORKERS COMP. COMMISSION
AUSTIN, TX 78744-1609

CLAIMANT:

EMPLOYEE:

POLICY: M2-05-1154-01

CLIENT TRACKING NUMBER: M2-05-1154-01 / 5278

Medical Review Institute of America (MRIOA) has been certified by the Texas Department of Insurance as an Independent Review Organization (IRO). The Texas Workers Compensation Commission has assigned the above mentioned case to MRIOA for independent review in accordance with TWCC Rule 133 which provides for medical dispute resolution by an IRO.

MRIOA has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed. Itemization of this information will follow.

The independent review was performed by a peer of the treating provider for this patient. The reviewer in this case is on the TWCC approved doctor list (ADL). The reviewer has signed a statement indicating they have no known conflicts of interest existing between themselves and the treating doctors/providers for the patient in question or any of the doctors/providers who reviewed the case prior to the referral to MRIOA for independent review.

Records Received:

Records Received from the State:

Notification of IRO assignment dated 3/16/05, 1 page

Letter from Texas Workers' Compensation Commission dated 3/14/05, 1 page

Medical dispute resolution request/responses form, date stamp for receipt from requestor 2/25/05, 3 pages

Letter from Cambridge Integrated Services Group, Inc dated 2/2/05, 1 page

Letter from Cambridge Integrated Services Group, Inc dated 2/16/05, 1 page

Records Received from Dr. Hayes:

Letter from Texas Workers' Compensation Commission dated 3/14/05, 1 page

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Progress notes dated 1/21/05 and 2/18/05, 2 pages

X-ray report dated 1/21/05, 1 page

Radiology report dated 2/17/05, 1 page

Records Received from Representative at Insurance Company:

Letter from Charles C. Finch dated 3/23/05, 2 pages

Letter from Charles C. Finch dated 3/10/05, 2 pages

Medical dispute resolution request/responses form, date stamp for receipt from requestor 2/25/05, 3 pages

Summary of Treatment/Case History:

The patient is a 39-year-old female with a reported injury on ___ when she slipped on water and landed on her right knee. Dr. Hayes provided the first clinical note on 1/21/05 and documented that the patient was seen in the emergency room and x-rays were taken. Since then, the patient had aching in her knee. The examination findings revealed tenderness of the subpatellar area and around the patella at the medial joint line. She demonstrated a decreased range of motion, but no instability on anterior, posterior and medial lateral stressing. The patient was diagnosed with lateral subluxation of the patella, chondromalacia of the patella, medial meniscal tear and a history of knee pain now aggravated by the fall. Dr. Hayes recommended that a right knee arthroscopy with a medial meniscectomy and debridement with lateral release and medications for swelling and pain be prescribed. The request for surgical intervention was denied by peer review on 2/2/05 and 2/16/05 due to a lack of conservative measures and radiological findings. An MRI of the right knee of 2/17/05 showed no definite meniscal or ligamentous tears, minimal joint fluid and a focal marrow change in lateral femoral condyle in medial aspect, likely a bone bruise. Dr. Hayes examined the patient on 2/18/05 and noted that overall she had good alignment and flexion and extension with no instability. The patient continued to report pain, decreased range of motion and swelling with a positive McMurray sign. Tenderness was noted along the medial joint line with suprapatellar crepitation. Dr. Hayes felt that an arthroscopy would be appropriate at this time and the patient was instructed to remain off work.

Questions for Review:

Please address prospective medical necessity of the proposed right knee arthroscopy/meniscectomy and lateral release, regarding the above mentioned injured worker.

Explanation of Findings:

A right knee arthroscopy, meniscectomy and lateral release are not medically necessary.

The patient is a 39-year-old female 3-months post injury with the diagnoses of lateral subluxation of the patella, chondromalacia of the patella, medial meniscal tear and a history of knee pain now aggravated by the fall. As of her examination by Dr. Hayes on 2/18/05, she demonstrated good alignment, flexion and extension with no instability. Treatments included medications, a knee immobilizer and activity modification. A 2/17/05 right knee MRI indicated the absence of definite meniscal or ligamentous tears. There is insufficient radiological information and objective clinical findings to warrant this procedure. Conservative measures such as physical therapy, braces and

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injections have not been instituted into this patient's plan of care. Based on the reviewed information, a right knee arthroscopy, meniscectomy and lateral release are not medically necessary at this time.

Conclusion/Decision to Not Certify:

A right knee arthroscopy, meniscectomy and lateral release are not medically necessary.

Applicable Clinical of Scientific Criteria or Guidelines Applied in Arriving at Decision:

Clinical Orthopaedic Rehabilitation, 2nd edition; Brotzman/Wilk pages 459-464

Orthopedic Knowledge Update 8, Koval pages 451-452

This physician providing this review is board certified in Orthopaedic Surgery. The reviewer is a member of the American Academy of Orthopaedic Surgeons, the American Medical Association, their state Orthopaedic Society, the Eastern Orthopaedic Society, their state Medical Society, and is certified in impairment rating evaluations through the Bureau of Workers Compensation. The reviewer was part of the National Association of Disability Evaluating Professionals and was the Orthopaedic Advisor of a National Football League team. The reviewer has been in active practice since 1994.

MRloA is forwarding this decision by mail, and in the case of time sensitive matters by facsimile, a copy of this finding to the treating provider, payor and/or URA, patient and the TWCC.

YOUR RIGHT TO REQUEST A HEARING:

Either party to the 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 receiving the TWCC chief Clerk of Proceedings within ten (10) days of your receipt of this decision as per 28 Texas 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 as per Texas Admin. Code 102.4 (h) or 102.5 (d). A request for hearing should be sent to:

Chief Clerk of Proceedings
Texas Workers' Compensation Commission
POB 40669
Austin, TX 78704-0012

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

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It is the policy of Medical Review Institute of America to keep the names of its reviewing physicians confidential. Accordingly, the identity of the reviewing physician will only be released as required by state or federal regulations. If release of the review to a third party, including an insured and/or provider, is necessary, all applicable state and federal regulations must be followed.

Medical Review Institute of America retains qualified independent physician reviewers and clinical advisors who perform peer case reviews as requested by MRIOA clients. These physician reviewers and clinical advisors are independent contractors who are credentialed in accordance with their particular specialties, the standards of the American Accreditation Health Care Commission (URAC), and/or other state and federal regulatory requirements.

The written opinions provided by MRIOA represent the opinions of the physician reviewers and clinical advisors who reviewed the case. These case review opinions are provided in good faith, based on the medical records and information submitted to MRIOA for review, the published scientific medical literature, and other relevant information such as that available through federal agencies, institutes and professional associations. Medical Review Institute of America assumes no liability for the opinions of its contracted physicians and/or clinician advisors. The health plan, organization or other party authorizing this case review agrees to hold MRIOA harmless for any and all claims which may arise as a result of this case review. The health plan, organization or other third party requesting or authorizing this review is responsible for policy interpretation and for the final determination made regarding coverage and/or eligibility for this case.

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CC: Robert P. Hayes, MD
American Zurich Ins. Co.