

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective January 1, 2002 and Commission Rule 133.305 and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the issues of medical necessity. Therefore, upon receipt of this Order and in accordance with §133.308(q)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$650.00** for the paid IRO fee.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was the only issue** to be resolved. The surgery, arthroscopic of knee, including HGG and Hgb/HCT was found to be medically necessary. The HIV testing, was not medically necessary. The respondent raised no other reasons for denying reimbursement for the surgery, arthroscopic of knee, including HGG and Hgb/HCT charges.

This Finding and Decision is hereby issued this 10<sup>th</sup> day of September 2002.

Carol R. Lawrence  
Medical Dispute Resolution Officer

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Order is applicable to date of service 1/30/01 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Order is hereby issued this 10<sup>th</sup> day of September 2002.

Roy Lewis, Supervisor  
Medical Dispute Resolution  
Medical Review Division

RL/crl

## NOTICE OF INDEPENDENT REVIEW DECISION

September 6, 2002

Rosalinda Lopez  
Program Administrator  
Medical Review Division  
Texas Workers Compensation Commission  
4000 South IH-35, MS 48  
Austin, TX 78704-7491

RE: MDR Tracking #: M5-02-1919-01  
IRO Certificate #: 4326

\_\_ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to \_\_ for independent review in accordance with TWCC §133.308 which allows for medical dispute resolution by an IRO.

\_\_ has performed an independent review of the rendered care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a \_\_ physician reviewer who is board certified in orthopedic surgery which is the same specialty as the treating physician. The \_\_ physician reviewer has signed a certification statement stating 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 the referral to \_\_ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

### Clinical History

This 23 year old female sustained a work related injury on \_\_ when she injured her right knee. She was diagnosed with a lateral meniscus, posterior horn tear and a partial tear of the anterior cruciate ligament. On 01/30/01 the patient underwent arthroscopic surgery including arthroscopic evaluation of the right knee, arthroscopic debridement of lateral meniscus posterior horn tear, arthroscopic synovectomy, and arthroscopic debridement of partial anterior cruciate ligament tear, in an ambulatory surgery center.

### Requested Service(s)

Arthroscopic surgery of the knee, human immunodeficiency virus (HIV) testing, human chorionic gonatropin quantitative (HCG), hemoglobin and hematocrit (Hgb/HCT).

### Decision

It is determined that arthroscopic surgery of the knee, HCG, and the Hgb/HCT were medically necessary to treat this patient's condition. However, the HIV testing was not medically necessary.

### Rationale/Basis for Decision

Based on the patient's symptoms of burning sensation and pain of the lateral aspect of the right knee and the diagnostic findings of lateral meniscus posterior horn tear and partial tear of the anterior cruciate ligament, arthroscopic surgery of the knee was appropriate for treatment and correction of this patient's knee injury. HCG was appropriate to rule out pregnancy in a female patient of childbearing age in order to prevent possible damage to an unborn fetus. A current hemoglobin and hematocrit was appropriate to rule out anemia prior to anesthesia. HIV testing may be requested for "universal precautions". However, it was not a required element of this patient's pre-operative evaluation. Therefore, the arthroscopic surgery of the knee, the HCG testing and the Hgb/HCT were medically necessary. However the medical necessity for HIV testing was not substantiated.

Sincerely,