

MDR Tracking Number: M5-04-3008-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division (Division) assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on May 11, 2004.

The Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that the injection procedure for knee arthrography, radiologic examinations knee, fluoroscopic guidance for needle placement, computed tomography, CT coronal sagittal, required medical exam, injections and supplies on 06-02-03 were not medically necessary. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Division has determined that fees were the only fees involved in the medical dispute to be resolved. As the treatment listed above were not found to be medically necessary, reimbursement for date of service 06-02-03 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 19th day of November 2004.

Patricia Rodriguez
Medical Dispute Resolution Officer
Medical Review Division

PR/pr

Envoy Medical Systems, LP
1726 Cricket Hollow
Austin, Texas 78758

Ph. 512/248-9020
IRO Certificate #4599

Fax 512/491-5145

NOTICE OF INDEPENDENT REVIEW DECISION

August 13, 2004

Re: IRO Case # M5-04-3008, amended 9/8/04, 11/9/04

Texas Worker's Compensation Commission:

Envoy Medical Systems, LP (Envoy) 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 Envoy for an independent review. Envoy has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, Envoy 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 a Board certified in Orthopedic Surgery, and who has met the requirements for TWCC Approved Doctor List or has been approved as an exception to the Approved Doctor List. 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 Envoy 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 Envoy reviewer who reviewed this case, based on the medical records provided, is as follows:

Medical Information Reviewed

1. Table of disputed service
2. Explanation of benefits
3. Extensive records from carrier
4. MRI knee 5/14/02
5. Right knee x-ray report, arthrogram report, post-arthrogram CT report 6/2/03

History

The patient is a 52-year-old female who suffered a contusion of her right knee in ____ when a chair that she was lifting slipped and hit her on the anterolateral aspect of the right thigh just above the knee. She was diagnosed with a right knee contusion and received extensive chiropractic and pain management treatment. Diagnostic imaging of the knee demonstrated severe degenerative changes, which were underlying and preexisting.

Requested Service(s)

Injection procedure for knee arthrography, radiologic examinations knee, fluoroscopic guidance for needle placement, computed tomography, CT coronal sagittal, injections and supplies 6/2/03

Decision

I agree with the carrier's decision to deny the requested services.

Rationale

A CT arthrogram of the right knee was not indicated for evaluation or treatment decisions related to knee osteoarthritis or meniscal articular pathology. The previous MRI had already demonstrated significant degenerative changes. This could easily be followed with plain weight-bearing radiographs, and if necessary, surgical intervention.

The patient had a simple contusion of the knee, and the underlying knee pain was related to a pre-existing osteoarthritis. The symptoms of her simple contusion should have resolved 2-3 weeks after the date of injury.

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