

NOTICE OF INDEPENDENT REVIEW DECISION

July 16, 2002

RE: MDR Tracking #: M2-02-0432-01
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 Rule §133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the proposed 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 24-year-old male sustained an on-the-job injury to his right knee while pulling a pallet jack on ____. An MRI on 10/18/00 revealed a medial and lateral meniscus tear. On 12/05/00 the patient underwent right knee arthroscopy and synovectomy of the patellofemoral joint. Examination during the procedure revealed only ligamentum present at the site of the ACL. There was no remnant of the ACL visible. The post-operative diagnosis was medial and lateral tear, right knee, synovitis of patellofemoral joint and anterior cruciate ligament tear of the right knee. The patient participated in a work hardening program and his progress was satisfactory. On ___ he experienced a fall. On 08/07/01 the physician's documentation indicated that during the arthroscopic evaluation on 12/05/00, a torn ACL was noticed but no reconstruction was performed. The patient continues to complain of pain, a grinding sensation in the knee and instability of the knee. The treating orthopedic surgeon has recommended that the patient undergo an anterior cruciate ligament (ACL) reconstruction of the right knee.

Requested Service(s)

Right Knee ACL Reconstruction

Decision

It has been determined that ACL reconstruction of the right knee is medically necessary.

Rationale/Basis for Decision

In view of this patient's age; the disabling affect of the injury; the findings of an ACL deficient right knee as evidenced by the findings of the arthroscopic evaluation on 12/05/00; and the symptoms of pain, knee instability and grinding sensation associated with pivot shifts, the medical necessity of ACL reconstruction of the right knee is substantiated.

This decision by the IRO is deemed to be a TWCC 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** (10) days of your receipt of this decision (20 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 hearing should be sent to: Chief Clerk of Proceedings, Texas Workers' Compensation Commission, P.O. Box 40669, Austin, Texas, 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 (Commission Rule 133.308 (t)(2)).

Sincerely,