

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

October 7, 2002

Re: IRO Case # M2-02-0693-01

Texas Worker's Compensation Commission:

___ 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 IRO's, TWCC assigned this case to ___ for an independent review. ___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, ___ 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 Board Certified in Orthopedic Surgery. 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 ___ 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 ___ reviewer who reviewed this case, based on the medical records provided, is as follows:

History

This case involves a 64-year-old male who reportedly suffered a work injury to his left knee on ___. He had a prior history of knee surgery in his left knee in 1968. X-rays revealed degenerative changes of the left knee. A MRI of the left knee was performed 4/4/94. Surgery was performed on the patient's left knee in 1996. The patient was found to have medial and lateral meniscal tears with diffuse degenerative changes of the left knee.

The patient underwent an impairment rating in November 1996. The patient presented for evaluation of continued left knee pain and swelling and was reported to have moderate to severe degenerative changes of the left knee on x-ray. He was treated with depo-medrol injection. An MRI is now requested because "the patient needs to undergo surgery," and he "cannot have the surgery until he has an MRI."

Requested Service
Repeat MRI left knee

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

Rationale
Based on the documentation provided, there is no reason to repeat the MRI at this point. The patient has well-documented degenerative arthritis of the left knee, which can explain the patient's pain and swelling. He has also undergone previous partial medial and lateral meniscectomies with prior surgery. A repeat MRI will show abnormalities of degenerative arthritis in all compartments of the knee with post surgical change to the menisci. An MRI is not medically necessary to determine a course of treatment for this patient's knee.

This medical necessity decision by an Independent Review Organization 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 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** (ten) days of your receipt of this decision (28 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 a hearing should be sent to:
Chief Clerk of Proceedings, Texas Worker's Compensation Commission, P O Box 40669,
Austin, TX 78704-0012. **A copy of this decision should be attached to the request.**

The party appealing this 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,