

September 12, 2002

Re: Medical Dispute Resolution
MDR #: M2-02-0901-01
IRO Certificate No.: I RO 5055

Dear

In accordance with the requirement for TWCC to randomly assign cases to IROs, TWCC assigned your case to ___ for an independent review. ___ has performed an independent review of the medical records to determine medical necessity. In performing this review, ___ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician Board Certified in Orthopedic Surgery.

The physician reviewer DISAGREES with the determination of the insurance carrier. The reviewer is of the opinion that an arthroscopy and anterior cruciate ligament reconstruction is medically necessary in this case.

I am the Secretary and General Counsel of ___ and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

We are forwarding herewith a copy of the referenced Medical Case Review with reviewer's name redacted. We are simultaneously forwarding copies to the patient, the payor, and the Texas Workers' Compensation Commission. This decision by ___ 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 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 received by the TWCC Chief Clerk of Proceedings within **ten (10)** days of your receipt of this decision (28 Tex. 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 (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you **five (5)** 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 Workers' Compensation Commission
P.O. Box 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.

I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on this 12th day of September 2002.

Sincerely,

MEDICAL CASE REVIEW

This is for _____. I have reviewed the medical information forwarded to me concerning MDR Case #M2-02-0901-01, in the area of Orthopedic Surgery. The following documents were presented and reviewed:

A. MEDICAL INFORMATION REVIEWED:

1. Medical record review by _____, dated 5/10/02 and 5/20/02.
2. Medical records from _____ (Orthopedic Surgeon), 3/22/02 to 4/14/02.
3. Second-opinion consultation from _____ (Orthopedic Surgeon), 6/03/02.
4. MRI report, left knee, dated 3/05/02.

B. BRIEF CLINICAL HISTORY:

This patient is a 25-year-old male who had some type of fall in _____. He did not remember the exact date, according to _____ who is the orthopedist he saw. He injured his left knee, but apparently there is no medical record to verify that the injury took place. He says he injured his knee. He saw

___ some seven months or more after the injury. He had an MRI of his knee that was done on March 5, 2002. This patient apparently had gone about seven months without any medical documentation of an injury to his knee. At least, there is no documentation included in the records that were submitted to me.

___ has found that he has a clinically evident anterior cruciate ligament laxity with some MRI findings that are suggestive of an anterior cruciate ligament deficiency. The patient is having symptoms of anterior cruciate instability, and he feels that his knee slides forward. This is verified on physical examination.

A second opinion had been obtained with another Orthopedic surgeon, ___, on June 3, 2002, and he confirms the diagnosis that the patient has anterior cruciate ligament deficiency in the knee. He agrees with the proposed arthroscopic surgery and cruciate reconstruction if the cruciate ligament is deficient.

I have reviewed this history, and I have also reviewed the peer review that was done by ___.

C. DISPUTED SERVICES:

The disputed service is the proposed arthroscopy and anterior cruciate ligament reconstruction on this young man.

D. DECISION:

I DISAGREE WITH THE DETERMINATION OF THE INSURANCE CARRIER IN THIS CASE. ARTHROSCOPY AND ANTERIOR CRUCIATE LIGAMENT RECONSTRUCTION IS MEDICALLY NECESSARY AND INDICATED ON THIS PATIENT.

I certainly agree with ___ that the patient needs an arthroscopic exam and a reconstruction of the anterior cruciate ligament if it is found to be deficient. I agree with this proposed treatment. I doubt that aggressive physical therapy is going to improve his feeling of instability enough to avoid surgery on this 25-year-old person.

E. COMMENTS:

It does not seem logical that this patient could have sustained an injury to his cruciate ligament and not mentioned it or complained about it for over six months. The records that were supplied to me do not support the fact that this ruptured cruciate ligament took place on ___; at least there is no report of any type of injury or problem with his knee at that time.

F. DISCLAIMER:

The opinions rendered in this case are the opinions of this evaluator. This medical evaluation has been conducted on the basis of the documentation as provided to me with the assumption that the material is true, complete and correct. If more information becomes available at a later date, then additional service, reports or consideration may be requested. Such information may or may not change the opinions rendered in this evaluation. My opinion is based on the clinical assessment from the documentation provided.

Date: 3 September 2002