

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

November 11, 2002

Re: IRO Case # M2-02-0997-01

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 IROs, 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

The patient is a 50-year-old male who reportedly suffered a work injury to his knees in _____. He has been diagnosed with severe degenerative post-traumatic arthritis of both knees. The patient also suffers from morbid obesity. He has undergone prior surgery to his left knee to treat his degenerative condition. He underwent a prior high tibial osteotomy of the left knee. He has also undergone arthroscopic knee surgery of the right knee. Arthroscopic evaluation of the right knee revealed severe advanced degenerative changes of the knee. The patient has undergone surgical management to help reduce and control his weight.

Requested Service

Left total knee arthroplasty

Decision

I disagree with the carrier's decision to deny the requested treatment.

Rationale

Assuming the degenerative condition in the patient's knee is considered compensable or post-traumatic, there is sufficient documentation to support proceeding with knee replacement surgery of the left knee, as well as the right knee. X-ray documentation demonstrates end stage degenerative changes with complete loss of the articular cartilage space in the medial compartment of both knees. There is documentation of loss of motion and the patient's difficulty with ambulation on his examination. The patient has also demonstrated an attempt at weight loss prior to knee replacement surgery, by undergoing a panniculectomy. He had a documented 65-70 lb weight loss following his surgery. I would recommend proceeding with knee replacement surgery at this time.

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,