

September 12, 2002

Re: Medical Dispute Resolution
MDR #: M2-02-1006.01
IRO Certificate No.: IRO 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 physician. Your case was reviewed by a physician reviewer who is a doctor of Orthopedic Surgery.

THE PHYSICIAN REVIEWER OF YOUR CASE **AGREES** WITH THE DETERMINATION MADE BY THE UTILIZATION REVIEW AGENT ON THIS CASE. **An arthroscopy to the right knee was not medically necessary.**

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 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 September 12, 2002.

Sincerely,

MEDICAL CASE REVIEW

This is for _____. I have reviewed the medical information forwarded to me concerning MDR #M2-02-1006-01, in the area of Orthopedic Surgery. The following documents were presented and reviewed:

A. MEDICAL INFORMATION REVIEWED:

1. Request for review of denial of arthroscopy of right knee.
2. Correspondence.
3. History and physical and office notes.
4. Radiology reports.

B. BRIEF CLINICAL HISTORY:

This patient was injured in a fall on _____, while working as a sewing machine operator for _____. The patient was 40 years old at the time of her original injuries which included both knees, back, and neck. An MRI report of the right knee dated 8/31/98 diagnosed minor irregularity of the cartilage on the articulating aspect of the lateral

patellar facet with no evidence of osseous erosion; small joint effusion; otherwise no abnormality is identified on this MRI study of the right knee.

Apparently, this patient required only conservative treatment until January 29, 2001, when she was felt to be at maximum medical improvement and assigned a whole-person impairment of 12%.

Arthroscopic examination of the right knee was planned for 5/21/02. On 5/08/02, the request was denied based on no documentation of diagnostics that reveal any evidence of obvious surgical pathology and no evidence of objective findings that would correlate with the presence of internal derangement of the knee. The treating doctor appealed, and this was denied on 6/06/02 and again denied on 6/14/02 because the condition has not likely progressed to a surgical lesion at this point, and the surgery is not medically necessary. An additional denial was issued on 6/21/02 because the injury would not benefit from the requested treatment, as this is a problem of aging which would not be corrected to normal health by the requested treatment.

C. DISPUTED SERVICES:

Arthroscopy, right knee.

D. DECISION:

I AGREE WITH THE DETERMINATION OF THE INSURANCE CARRIER IN THIS CASE THAT ARTHROSCOPY OF THE RIGHT KNEE IS NOT MEDICALLY NECESSARY.

E. RATIONALE OR BASIS FOR DECISION:

The provider failed to document, either by objective physical findings or diagnostic studies, any indication of a correctable surgical lesion.

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: 7 September 2002