THIS DECISION HAS BEEN APPEALED. THE FOLLOWING IS THE RELATED SOAH DECISION NUMBER:

SOAH DOCKET NO. 453-03-1178.M2

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

October 24, 2002

Re: IRO Case # M2-03-0045-01

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 middle-aged woman who injured her left knee on ___. She has had chronic pain in her left knee and has been diagnosed with a degenerative process in her knee. She has been treated with physical therapy, anti-inflammatory medication and arthroscopic knee surgery in May 2001. She continues to suffer from subjective knee pain.

Requested Service
Left knee total replacement

Decision
I agree with the carrier's decision to deny the requested surgery at this time.

Rationale
This opinion is based on the records provided for this review, and on the assumption that the degenerative arthritis in the patient's left knee is considered a result of the compensable injury. The patient has been diagnosed with degenerative arthritis of the left knee. The patient's physician does not clearly document the severity of the patient's condition, other than to report that it requires a total joint replacement. The clinic notes are not supportive of knee replacement surgery. The x-rays made available for this review demonstrate a mild genu-varus deformity with narrowing of the articular cartilage space in the medial compartment of the knee and narrowing of the articular cartilage space in the patello-femoral as well. There are no significant degenerative changes present in the lateral compartment with well-preserved articular cartilage space. The x-rays demonstrate some remaining articular cartilage in the degenerative areas, therefore the arthritis is not quite at the end stages of the disease. The patient has moderate to severe degenerative arthritis of the left knee. An alternative treatment at this stage of the disease may include joint fluid therapy with hyaluronic acid (such as Supartz, Hyalgan or Synvisc). Weight loss, low impact exercise and an unloading knee brace may be of help as well. At some future point the patient may require knee replacement. At this point, all conservative treatment options have not been exhausted.

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,