

December 4, 2002

Re: Medical Dispute Resolution
MDR #: M2.03.0186.01
IRO Certificate No.: 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 who is Board Certified in Orthopedic Surgery.

Clinical History:

This claimant, 57 years old at the time, injured her right knee in the course of her job on ____. She is now 61 years old and has continued conservative treatment for both knees, including Synvisc injections, under the same physician. Approximately one year after the date of injury, she began to complain of symptoms in her opposite, left knee.

Her treating and consulting physicians recommend left total knee replacement for degenerative joint disease. Denial is based on the fact that imaging studies and direct visualization at arthroscopy show chondromalacia, and other degenerative joint changes presumed unrelated to the ____ injury.

Disputed Services:

Total joint arthroplasty (left knee replacement.)

Decision:

The reviewer disagrees with the determination of the insurance carrier. The reviewer is of the opinion that the procedure in question is medically necessary in this case.

Rationale for Decision:

The immediate result of the injury described ____ was probable tear of one or both menisci in the right knee. This was addressed by arthroscopic surgery on 10/20/98, and the patient improved. Symptoms in the opposite, left knee were diagnosed a year later,

presumed to be related to the original injury, and addressed by arthroscopy on 04/22/99.

At both arthroscopy procedures, the surgeon describes significant degenerative joint disease in both knees, involving femoral condyles, patella facets, and even the tibial plateau in the right knee. Imaging studies document the same changes of osteoarthritis in both knees, and the most recent x-rays, 09/22/02, show "bone-on-bone change in the patellofemoral joint of both knees."

The degenerative osteoarthritis of the patient's knees may or may not be a direct result of her injury, joint replacement is appropriate and medically necessary for her left knee, which is the knee in question in this dispute.

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 care for determination prior to referral to the Independent Review Organization.

We are simultaneously forwarding copies of this report 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 December 4, 2002.

Sincerely,