

April 16, 2003

David Martinez  
TWCC Medical Dispute Resolution  
4000 IH 35 South, MS 48  
Austin, TX 78704

MDR Tracking #: M2-03-0418-01  
IRO #: 5251

\_\_\_ has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to \_\_\_ for independent review in accordance with TWCC Rule 133.308 which allows for medical dispute resolution by an IRO.

\_\_\_ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed Medical Doctor with a specialty and board certification in Orthopedic Surgery. The \_\_\_ health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to \_\_\_ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

#### CLINICAL HISTORY

\_\_\_, a 55-year-old injured worker, was driving a front-end loader on \_\_\_. When descending the front-end loader he slipped and injured his right knee. After the injury occurred, his knee was swollen. He was worked up and was found to have tearing of the lateral meniscus along with some degenerative changes in the knee. On December 15, 2000, Dr. \_\_\_, an orthopedic surgeon, did arthroscopic surgery on his knee and found that his lateral meniscus was torn in two places and he removed the torn portion of the meniscus. He also found chondromalacia beneath the patella in the patellofemoral joint, and there was evidence of chondromalacia in the medial femoral condyle as well. The chondromalacia was debrided and smoothed at the time of the arthroscopic surgery. Following surgery, the patient evidently underwent a rehabilitation program, but he continued to have symptoms of pain, swelling and an inability to walk distances on the injured knee. The knee continued to give him considerable problems.

The record states that \_\_\_ was given Celebrex, an anti-inflammatory medication, Synvisc injections and also intra-articular steroid injections, but none of these conservative treatments gave him any significant degree of relief. X-rays revealed progression of the valgus deformity of his knee with narrowing of the lateral joint joint line. The knee remained stable but continued to demonstrate progressive degenerataive joint disease.

\_\_\_ has exhausted all conservative measures. Dr. \_\_\_ has suggested total knee replacement, but the carrier has not approved this procedure, stating that the patient is too young to have the procedure, and that he weighs too much, being 5'6" and weighing 310 pounds.

#### REQUESTED SERVICE

A total knee replacement is requested for this patient.

#### DECISION

The reviewer disagrees with the prior adverse determination.

#### BASIS FOR THE DECISION

This patient is 55-years-old. He has had every type of conservative treatment from anti-inflammatory medication, arthroscopic debridement, and Synvisc injections to his knee and nothing has relieved his symptoms. He is unable to walk around one block without stopping. He is overweight, and of course this makes the procedure more difficult. The reviewer, however, finds that the knee replacement should be done, as no other treatment would be of any significant value to him. After the knee replacement is done, he will be able to be more active and likely be able to lose weight.

\_\_\_ has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. \_\_\_ has made no determinations regarding benefits available under the injured employee's policy.

As an officer of \_\_\_, dba \_\_\_, I certify that there is no known conflict between the reviewer, \_\_\_ and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

\_\_\_ is forwarding by mail and, in the case of time sensitive matters by facsimile, a copy of this finding to the treating doctor, payor and/or URA, patient and the TWCC.

Sincerely,

#### **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.

In the case of prospective *spinal surgery* decision, a request for a hearing must be made in writing and it must be received by the TWCC Chief Clerk of Proceedings within 10 days of your receipt of this decision. (20 Tex. Admin. Code 142.5(c)).

In the case of other *prospective (preauthorization) medical necessity* disputes 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, per TWCC rule 133.308(t)(2).

**I hereby certify, in accordance with TWCC Rule 102.4 (h), that a copy of this Independent Review Organization decision was sent to the carrier, requestor, claimant (and/or the claimant's representative) and the TWCC via facsimile, U.S. Postal Service or both on this 16th day of April 2003.**