

December 30, 2002

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

MDR Tracking #: M2-03-0459-01
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

___ was working and sustained an injury to his knee while going down stairs. This was described as being a dislocation of the patella. It apparently spontaneously reduced itself but did recur on two occasions. He was sent to the ___ on the day of the injury and he had an aspiration of his knee performed there by the ___ doctor in the clinic. He was then placed in a knee brace and was followed in their clinic for a few days. ___ was then referred to ___ who is an orthopedic surgeon. ___ evaluated the patient and felt that he was a candidate for arthroscopy on his knee with possible lateral patellar retinacular release. ___ scheduled the patient for surgical treatment; however, the surgery was never done. It was cancelled because of the fact that ___ had developed some chest pain and this needed to be evaluated before being given a general anesthetic. After this was cancelled, the patient then began seeing ___, a chiropractor. ___ evaluated him and referred him to ___, an orthopedic surgeon. ___ aspirated his knee and then referred him to ___ for arthroscopic knee surgery. However this arthroscopic surgery was never done. The patient's knee problem got worse and he developed fever and a great amount of

swelling in the knee. He then went to ___ and was immediately admitted and taken to surgery on October 20, 2001. He was found to have a serious staphylococcus infection in the joint and aseptic arthritis. This was treated by arthrotomy by ___ with irrigation and debridement of the septic joint. ___ remained in the hospital for about ten days and received intravenous antibiotics during that time. After leaving the hospital, he was continued on antibiotics.

___ has not had any arthroscopic surgery on his knee since the incision and drainage procedure that was done at ___. After release from ___, the patient has had a series of several MRI studies on his knee. Each study has revealed evidence of small tearing in the posterior horn of the medial meniscus. He has never had any arthroscopic procedure to correct the tear in the medial meniscus. The records do not reflect that this patient has had any further problems with dislocation of the patella since the septic arthritis has been cleared up. This could mean that he no longer has a problem with lateral dislocation of the patella due to the fibrosis that was created by the infection in the joint.

___ series of MRI studies began on 9/21/01 and this MRI demonstrated a small tear in the posterior horn of the medial meniscus. He also had an effusion and Baker's cyst reported on that MRI. He then had another MRI on January 31, 2002. This one reported a 6 to 7 mm tear of the posterior horn of the medial meniscus and this one reported a partial removal of the medial meniscus. The MRI also reported a large effusion and quadriceps and patellar tendonitis along with a Baker's cyst.

The patient then had an arthrogram and CT scan on May 10, 2002. Again, this demonstrated a tear in the posterior horn of the medial meniscus which was small and showed some evidence of tendonitis. The last MRI that was done on 10/21/02 again demonstrated a tear in the posterior portion of the medial meniscus, and also reported an anterior cruciate ligament tear with an effusion.

___ has seen ___, an orthopedic surgeon who requested approval for arthroscopic surgery in August 2002. The record is confusing on this, but apparently this arthroscopic surgery was approved but again was never done. Apparently ___ never scheduled the surgery.

The patient then saw ___ who has also requested approval for arthroscopic knee surgery to address the tear in the medial meniscus that has been reported on three previous MRI studies. The ___ medical advisor has not approved this, primarily because the advisor feels that the patient has had several arthroscopic procedures to address this medial meniscus tear.

REQUESTED SERVICE

Arthroscopic knee surgery with meniscectomy is requested for ___.

DECISION

The reviewer disagrees with the prior adverse determination.

BASIS FOR THE DECISION

The ___ reviewer finds that an arthroscopic procedure is indicated on this patient's knee, based on the fact that this patient has never had an arthroscopic procedure on his knee, even though the advisors continue to say that he has had several arthroscopic procedures. The patient has had a major infection in his knee, which is probably iatrogenic, and the lateral dislocation of the patella has apparently not been a problem since he got over this infection. This may be due to the fact that there is enough fibrosis present to prevent further lateral subluxation of the patella. At any rate, the reviewer finds that arthroscopic surgery on the knee with debridement of the meniscus should be done.

___ 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 ___, 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).