

## NOTICE OF INDEPENDENT REVIEW DECISION

February 20, 2003

RE: MDR Tracking #: M2-03-0487-01  
IRO Certificate #: IRO 4326

The \_\_\_ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced 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, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a \_\_\_ physician reviewer who is board certified in orthopedic surgery which is the same specialty as the treating physician. The \_\_\_ physician reviewer has signed a certification statement stating 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 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 this case.

### Clinical History

This 42 year old male sustained a work-related injury on \_\_\_ when he fell from a four foot table injuring his right knee. An MRI performed on 06/21/02 revealed a small joint effusion without evidence for meniscal or cruciate ligament tear and without significant bone marrow edema. The physician's examination revealed lateral joint line pain. The treating physician has recommended that the patient undergo a right knee arthroscopy and meniscectomy, medial/lateral.

### Requested Service(s)

Right knee arthroscopy and meniscectomy, medial/lateral

### Decision

It is determined that the right knee arthroscopy and meniscectomy, medial/lateral is not medically necessary at this time to treat this patient's condition.

### Rationale/Basis for Decision

The medical record documentation fails to indicate that this patient has had any significant non-operative treatment that would substantiate the medical necessity for arthroscopic intervention at this time. The appropriate treatment would be a brace for support, four to six weeks of physical therapy program and a repeat MRI of the knee. Therefore, a right knee arthroscopy and meniscectomy, medial/lateral is not medically necessary at this time.

This decision by the IRO is deemed to be a TWCC 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** (10) days of your receipt of this decision (20 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 hearing should be sent to: Chief Clerk of Proceedings, Texas Workers' Compensation Commission, P.O. Box 40669, Austin, Texas, 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 (Commission Rule 133.308 (t)(2)).

Sincerely,

cc: Rosalinda Lopez, Program Administrator, Medical Review Division, TWCC

In accordance with Commission Rule 102.4 (h), 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 this 20 <sup>th</sup> day of February 2003.
---