

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

SOAH DOCKET NO. 453-03-2919.M2

NOTICE OF INDEPENDENT REVIEW DECISION

Date: March 20, 2003

RE:

MDR Tracking #: M2-03-0675-01

IRO Certificate #: 5242

___ 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 an orthopaedic surgeon physician reviewer who is board certified in orthopaedic surgery. The orthopaedic surgeon 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 review concerns a now 42-year-old female who was employed for some 17 days as a cashier at ___ when she sustained a twisting injury to the right knee while on the job. Apparently she caught her foot on the floor mat with a painful popping sensation on ___. After initial short-term conservative management, she underwent an MRI study suggestive of a complex tear to the medial meniscus with some associated degenerative bony changes. On January 19, 2000, she underwent arthroscopic partial medial meniscectomy and limited chondroplasty with appreciation of limited degenerative changes to the joint. Subsequently on September 24, 2002, after a repeat MRI, she underwent a fairly similar procedure by the same surgeon involving repeat partial medial meniscectomy and limited chondroplasty with appreciation of further degenerative changes. With failure of resolution of symptoms, the recommended treatment by her attending physician is total knee replacement. It would appear that she did not return to her previous employment and is now employed in a more sedentary occupation, as an airline reservationist.

Requested Service(s)

The current specific request focuses on the medical necessity of the recommended service of total knee replacement of the right knee.

Decision

I am in agreement with the insurance carrier that total knee replacement is not currently medically necessary.

Rationale/Basis for Decision

If it is considered that total knee replacement is as a result of the compensable right knee injury, it appears inappropriate from a medical necessity standpoint given this patient's specific circumstances. Given the considerable risks of early wear and loosening of the knee implants in a heavyset patient who is only 42 years old, the approach by total knee arthroplasty seems quite aggressive and frankly should be reserved only as a last consideration. The emphasis should be placed on attempts at weight loss, activity modification, better pain management by medication or unloading bracing (not a simple hinged brace described in the documentation), as well as intra-articular injections such as Synvisc. The consideration of surgery in this young age group despite some patellofemoral degeneration generally would be to buy some time and would involve procedures such as valgus osteotomy (given degenerative medial compartment but intact lateral compartment) or perhaps minimally invasive unicompartmental replacement. While knee replacement may well be in this patient's future, this should be deferred as long as possible and only with serious discussion with the patient about her higher risks of complications and distinct potential for later revision of the surgery, particularly if performed in this young age group.

I am of the opinion that eventual total knee arthroplasty, should it come to pass, is not as a result of the compensable right knee injury sustained on the job _____. In close review of the supplied documentation, clearly this morbidly obese patient (5' 0"/230 +lbs/with sleep apnea) had pre-existing degenerative changes involving the medial compartment and patellofemoral articulation of prior to the reported job injury. The described mechanism of injury was in fact fairly negligible though the initial MRI study confirms what sounds like a typical complex degenerative tear of the medial meniscus with some underlying degenerative changes noted. It is unfortunate that the initial treating physician did not document the status of the left knee at the same time such as by comparative status of the other limb. The progression of degenerative changes as indicated by the operative reports is more consistent with the picture of long-standing degenerative changes and natural history of this disease entity. While the extent of changes over the 2.5 years is fairly notable, this may reflect the patient's serious heavy body habitus as well as perhaps a more thorough reflection of the findings as a result of the repeat MRI study. Absent better initial studies in terms of documentation of preexistent disease, it would probably be helpful to have an independent radiologist interpret the 2 MRI studies in comparison. At any rate, the most generous interpretation of the twisting knee injury would be warranted on the basis of the compensable knee injury; though it is my opinion that any major surgery such as knee replacement would be as a result of the natural history of the degenerative changes rather than the limited on-the-job knee injury.

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 (20 Tex. Admin. Code 142.5(c)).

If disputing other prospective medical necessity (pre-authorization) 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,

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 th day of March 2002.
