

NOTICE OF INDEPENDENT REVIEW DECISION

April 3, 2003

RE: MDR Tracking #: M2-03-0720-01
IRO Certificate #: IRO4326

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 patient sustained a work-related injury on ___ when she missed the bottom rung of a ladder and jammed her right foot and twisted her knee. An MRI of the right knee performed on 12/17/01 revealed mild edema adjacent to the medial collateral ligament suggesting a grade I strain. The treating physician prescribed physical therapy and Relafen for inflammation. On 02/21/02 the patient underwent an arthroscopy of the right knee with chondroplasty of the medial femoral condyle and medical plica resection.

Requested Service(s)

Right knee arthroscopy with chondroplasty and lateral release.

Decision

It is determined that the right knee arthroscopy with chondroplasty and lateral release is not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

The medical record documentation fails to substantiate the medical necessity for a lateral release. The MRI of 12/17/01 revealed that the patellar femoral joint is without osteochondral lesion and that the medial lateral patellar retinaculum appear normal. The admission note for the surgery performed on 02/21/01 noted that the x-rays of the knee revealed no abnormality of the patella. There was no lateral subluxation of the patella or patellar tilt. The operative note dated 02/21/01 noted that there was normal patellar tracking and that the patella appeared normal. The patient has no symptoms or findings to indicate a patellar tracking problem that would indicate the medical necessity for a lateral release. Therefore, the right knee arthroscopy with chondroplasty and lateral release is not medically necessary.

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,

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 3 rd day of April 2003.
