

NOTICE OF INDEPENDENT REVIEW DECISION

Date: April 4, 2003

Requester/ Respondent Address: Debra Hausenfleck, TWCC
4000 S. IH-35, MS-48
Austin, TX 78704-7491

RE: Injured Worker:
MDR Tracking #: M2-03-0745-01
IRO Certificate #: 5242

Forté 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 Forté for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

Forté 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 Orthopedic Surgeon physician reviewer who is board certified in Orthopedic Surgery. The Orthopedic 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

The claimant allegedly suffered an injury to both knees on the job when she was working and tripped over some boxes twisting both knees landing on her knees. The treating physician is recommending arthroscopic surgery of her left knee initially and plans later for right knee arthroscopy for meniscectomy and debridement of damaged tissues with chondroplasty and probably lateral reticular release. The claimant has had x-rays and MRI scans which have shown degenerative changes in the knees. X-rays revealed chondral space narrowing in the tibial femoral compartments. Spurs are present. The MRI scans of both knees showed myxoid degenerative changes in the meniscal structures as well as tears and show degenerative joint disease with spurring of the margins of the joint. The requested surgery was initially declined authorization because the reviewer felt that the changes shown were those consistent with degenerative process consistent with the patient's age as well as her body habitus which is one of excessive weight for her height. I am at this point asked to do a review and address the medical necessity of the services requested. The treated physician has appealed this stating that he feels that the fall significantly aggravated her underlying conditions reporting she had had no problems prior to the falls.

Requested Service(s)

Left knee arthroscope with debridement, chondroplasty and lateral release.

Decision

I agree with the insurance carrier and find the requested services not medically necessary at this time.

Rationale/Basis for Decision

After reviewing the extensive medical records involved in this case, it is felt by this reviewer that it is obvious that this claimant did have a degenerative joint disease present in both knees well before the work related injury. The changes shown on MRI scan and with x-rays indicate a long standing degenerative process with myxoid changes in the meniscal structures and spur formation at the margins of the joint, which obviously far pre-existed this fall. The chondral space narrowing of the tibial femoral joints is consistent with relatively significant degenerative osteoarthritic disease. It is felt that with this fall the claimant, in all likelihood, did aggravate the pre-existing osteoarthritic degenerative disease process. It is felt that this claimant, however, has not had the appropriate full conservative treatment for these problems. It appears that this aggravation of the underlying condition has caused a synovitis and the effusions are probably secondary to this. It is felt by this reviewer that the aggravation of the pre-existing condition can, in all likelihood, be reversed with an intraarticular aspiration of the effusion and injection of a corticosteroid material. This should address the aggravation of the pre-existing condition. It certainly will do nothing to alter the arthritic pre-existing disease process. It is felt that a surgery for treatment of meniscal tears and chondroplasty would indeed be indicated if she has had no improvement with the injection. It is also very questionable about whether a lateral retinacular release would be beneficial for osteoarthritis of the knee involving the patella femoral joint. This condition is not usually affected by lateral retinacular release, which is usually much more appropriate for patellar instability with lateral tilt. It appears that the chondral changes are long standing and the lateral patellar tilt is probably genetic orientation of her patella femoral joint.

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,

cc:

In accordance with Commission Rule 102.4(h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to TWCC via facsimile or U.S. Postal Service from the office of the IRO on this 4th day of April 2003.

Signature of IRO Employee:

Printed Name of IRO Employee: