

May 27, 2003, AMENDED

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

MDR Tracking # M2-03-0965-01  
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

This patient is a 51-year-old gentleman who was working for \_\_\_. He was driving a flatbed vehicle and was injured when a garage door came down on his legs on \_\_\_. Both legs were injured, but the most severe injury as on the right side where he received a crushing-like injury to soft tissues and muscles, involving the right leg. He was treated for this injury and developed some cellulites that required considerable time to heal.

He continues to have chronic swelling in the right leg and has been unable to be up and around on his leg for an extended period of time due to swelling and pain. He also complains of pain in both knees. He was referred to \_\_\_, an orthopedic surgeon, who saw him on September 30, 2002 for an evaluation. An MRI of his left knee demonstrated a significant tear in the medial meniscus on the left side. This was on the left side. The patient continued having chronic swelling on the right side. On the right leg, EMG testing demonstrated some evidence of neuritis and neuropathy. \_\_\_, a radiologist, read the MRI of the left knee on January 14, 2003 and reported a tear involving the midbody and

posterior horn of the medial meniscus and also reported that the lateral meniscus and the ligamentous structures appeared to be normal. He does report some mild degenerative spurring, but otherwise the main pathology is a tear in the medial meniscus that appears to be a complete tear. \_\_\_ has now proposed an arthroscopic examination of the left knee with probable medial meniscectomy as indicated by the findings of the surgery. He has also suggested that the patient have compartmental pressure measurement on the right leg to determine if the patient has a chronic compartmental syndrome that might be helped by surgical release of the various compartments in the lower leg.

#### REQUESTED SERVICE

Left knee surgery is requested for this patient.

#### DECISION

The reviewer disagrees with the prior adverse determination.

#### BASIS FOR THE DECISION

This is a very logical course of treatment in this patient. The MRI of the knee, read by a competent radiologist, reported a significant tear in the midbody and posterior horn of the medial meniscus. The reviewer sees no reason to doubt that this pathology exists, and therefore finds that the arthroscopic procedure as proposed by \_\_\_ is both reasonable and necessary. The carrier has denied this procedure, but the reviewer finds no reason for denial of this surgery.

\_\_\_ 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).

**I hereby certify, in accordance with TWCC Rule 102.4 (h), that a copy of this Independent Review Organization decision was sent to the carrier, requestor, claimant (and/or the claimant's representative) and the TWCC via facsimile, U.S. Postal Service or both on this 2<sup>nd</sup> day of June 2003.**