

**IRO Certificate #4599**

**NOTICE OF INDEPENDENT REVIEW DECISION**

May 12, 2003

**Re: IRO Case # M2-03-0986**

Texas Worker's Compensation Commission:

\_\_\_ has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule 133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to \_\_\_ for an independent review. \_\_\_ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, \_\_\_ received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a physician who is Board Certified in Orthopedic Surgery. He or she has signed a certification statement attesting 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 referral to \_\_\_ for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the \_\_\_ reviewer who reviewed this case, based on the medical records provided, is as follows:

History

The patient is a 52-year-old female who on \_\_\_ injured her right knee when she slipped and fell. She reportedly landed directly on her knee. On initial presentation she complained of medial sided knee pain. She had an initial MRI on 7/3/01. The first MRI was reportedly inconclusive. A second MRI with a contrast arthrogram was performed on 9/12/01. The MRI report states no meniscal injury and a focal cartilage erosion of the lateral femoral condyle. The patient has been treated with nonsteroidal medication, glucosamine and physical therapy. She has continued to suffer from chronic pain. On 2/17/03 a request was made for another MRI of the right knee to look for a source of the patient's chronic pain.

Requested Service  
MRI right knee

Decision  
I agree with the carrier's decision to deny the requested treatment.

Rationale  
According to the documentation provided for this review, the patient has not suffered any new trauma or injury to the knee to suspect a significant change on the MRI. Physical examination of the patient's right knee does not suggest a condition that would warrant obtaining another MRI. The treating doctor requested the MRI just to look for possible changes in the right knee over the past two years. Again, based on the physician's notes provided, there is no clinical evidence to support another right knee MRI. Obtaining another MRI at this point would not be considered within the standard of orthopedic care.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission 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** (ten) days of your receipt of this decision (28 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 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 (Commission Rule 133.308(t)(2)).

Sincerely,

In accordance with Commission Rule 102.4 (b), I hereby certify that a copy of this Independent Review Organization (IRO) decision was sent to the carrier and the requestor or claimant via facsimile or US Postal Service from the office of the IRO on this 21<sup>st</sup> day of May 2003.