

## NOTICE OF INDEPENDENT REVIEW DECISION

June 19, 2003

MDR Tracking #: M2-03-1164-01  
IRO Certificate #: IRO4326

\_\_\_ 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 was injured on \_\_\_ after stepping down off of a tractor-like vehicle and experiencing immediate pain in her left knee. She started a course of physical therapy with a chiropractor. Left and right MRIs from 08/14/02 and 09/06/02 respectively did not reveal a ligament or meniscal tear but did show chondromalacia present bilaterally.

### Requested Service(s)

Right knee laser arthroscopy

### Decision

It is determined that the proposed right knee laser arthroscopy is medically necessary to treat this patient's condition.

### Rationale/Basis for Decision

Information from the medical record reports that on the physical exam from 08/09/02, the patient was found to have a positive McMurray's sign and tenderness along the medical joint line. No effusion was noted nor ligament instability. However, x-rays from 01/17/02 revealed mild medial joint space narrowing and degenerative changes of the patellofemoral joint consistent with chondromalacia. The MRI dated 08/14/02 of the left knee did show an osteochondral defect in the anteromedial femoral condyle, as well as a superior tibial cyst.

This patient has undergone appropriate non-operative treatment. She has persistent symptomatology which has not been relieved by conservative measures. The patient has abnormal MRIs and abnormal physical exam. MRIs are not 100% effective in making a definitive diagnosis. The osteochondral defect is of concern and the patient may also have abnormalities of the medial meniscus which can be visualized at the time of arthroscopic intervention. Therefore, it is determined that the proposed right knee laser arthroscopy is 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,