

June 16, 2003

MDR Tracking #: M2-03-1180-01  
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

\_\_\_ is a 43-year-old gentleman who sustained a work-related injury on \_\_\_. He initially reported complaints of pain in his left shoulder, left knee and lower back.

This patient had a prior injury to his lumbar region and underwent a diskectomy in 1981. He has had a laminectomy with fusion from L4 through S1 in 1982. On April 3, 1995, he underwent an arthroscopic surgery to the left knee. He had a partial medial meniscectomy performed by \_\_\_. On October 29, 1995 he underwent a second arthroscopy of his left knee by \_\_\_. At that time he had a further medial meniscectomy with an extensive synovectomy.

On February 21, 2001 \_\_\_ obtained a CT scan of the left knee that demonstrated significant degenerative and post-operative changes. At that time he did not recommend further surgical intervention.

On July 11, 2001, \_\_\_ recommended Hyalgan injections into the left knee. These were performed in August of 2001.

Please note that over this time, the patient has had multiple surgeries to his lumbar spine and has been diagnosed with failed back syndrome and is under care for chronic pain syndrome for low back pain.

## REQUESTED SERVICE

Left knee arthroscopy is requested for this patient.

## DECISION

The reviewer agrees with the prior adverse determination.

## BASIS FOR THE DECISION

\_\_\_ is a 43-year-old gentleman who sustained a work-related injury on or about \_\_\_. The patient has undergone two arthroscopic surgeries to his left knee. CT arthrogram of the left knee demonstrated a Baker's cyst, as well as degenerative arthritis of the knee.

Based on the medical records provided and the American Academy of Orthopaedic Surgeons treatment guidelines, there is not medical reason to attempt a third arthroscopic surgery to this patient's left knee. In a controlled trial for arthroscopic surgery for osteoarthritis of the knee in the New England Journal of Medicine, July 11;3347(2):81-8, Mosley, et. al. documents that arthroscopic washout for arthritis of the knee is no better than placebo. Practically, this patient had two arthroscopic washouts in the recent past with no long-term improvement.

\_\_\_ 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 \_\_\_, dba \_\_\_, 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).