

THIS DECISION HAS BEEN APPEALED. THE FOLLOWING IS THE RELATED SOAH DECISION NUMBER:

SOAH DOCKET NO. 453-03-4454.M2

NOTICE OF INDEPENDENT REVIEW DECISION

July 8, 2003

RE: MDR Tracking #: M2-03-1221-01
IRO Certificate #: IRO 4326

The ___ 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 sustained an injury to her left knee on ___. She slipped on a floor mat and twisted her knee. An MRI dated 09/25/01 revealed a possible medial meniscal tear. The patient underwent left knee arthroscopic surgery on 01/25/02 for chondroplasty of the torn medial femoral condyle, chondroplasty of the patella, and medial meniscectomy. She attended physical therapy post operatively and has been on anti-inflammatory and hydrocodone medications for pain. The patient had another MRI on 08/23/02 due to continued pain and problems revealing post-surgical changes of the medial meniscus, effusion, and Baker's cyst.

Requested Service(s)

Left knee arthroscopy and chondroplasty

Decision

It is determined that the proposed left knee arthroscopy and chondroplasty are not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

This patient has a history of chondromalacia and degenerative joint disease. This patient may require a total knee replacement arthroplasty, for her chondromalacia and degenerative joint disease. However, the repeat arthroscopic procedure and chondroplasty is not medically necessary for the injury or the condition, since a repeat arthroscopic procedure, based on reasonable medical probability, would be of no significant value. Therefore, it is determined that the proposed left knee arthroscopy and chondroplasty is not 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,

In accordance with Commission Rule 102.4 (h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on this 8th day of July 2003.