

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

SOAH DOCKET NO. 453-03-4390.M2

NOTICE OF INDEPENDENT REVIEW DECISION

July 9, 2003

MDR Tracking #: M2-03-1285-01
IRO Certificate #: IRO 4326

___ 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 injuries to the right shoulder, lumbar spine, and bilateral knees when she fell over some boxes at work on ___. She began a course of physical therapy and anti-inflammatory medication. She then had MRIs of the knees on 04/16/02 which revealed a large joint effusion and lateral and medial meniscal tears left knee; the right knee also had a large effusion with a medial meniscal tear. The patient was given a corticosteroid injection into her left knee.

Requested Service(s)

Right knee meniscal debridement and chondroplasty

Decision

It is determined that the proposed right knee meniscal debridement and chondroplasty is not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

This patient suffers from degenerative arthritis of both knees. Arthroscopic debridement has not been shown to be beneficial in the treatment of this condition. This surgical procedure will not cure, nor likely improve, the basic underlying condition responsible for her symptoms. Therefore, it is determined that the proposed right knee meniscal debridement 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.

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,