

August 25, 2003

Re: Medical Dispute Resolution  
MDR # M2-03-1462-01

In accordance with the requirement for TWCC to randomly assign cases to IROs, TWCC assigned your case to \_\_\_ for an independent review. \_\_\_ has performed an independent review of the medical records to determine medical necessity. In performing this review, \_\_\_ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician who is Board Certified in Physical Medicine and Rehabilitation.

**Clinical History:**

This 35-year-old male claimant sustained a work-related injury to his left lower extremity on \_\_\_. He had injuries to his left ankle and apparently his left knee as his first MRI of the left knee was on 09/08/99. On 09/24/99 he had his first surgery exploring the peroneal nerve and tibial nerve on the left.

His ankle has improved and now his major complaint is his left knee. The physical findings have been limited, but the complaints have been persistent, and the MRI scan on two occasions has shown a mild but probably presence of a medial meniscus injury. The patient has never had arthroscopy. He has had some gait abnormality that may have contributed to his knee complaints. His knee has occasionally given out and he does use a cane for stability and ambulation.

A repeat MRI scan has been recommended because of the continued or ongoing complaints of pain in the left knee. There has also been the question raised of possible reflex sympathetic dystrophy or complex regional pain syndrome. However, the findings have never strongly supported that diagnosis, and it still has not been firmly established. The question was raised because of the moderate severity of pain at times in the left knee. There have been no other physical findings or significant complaints.

While it is not clear in the records, I believe the patient has returned to work, and he does wear a brace for his left knee. He has been braced for his left ankle, and he may or may not still be wearing the ankle brace.

**Disputed Services:**

MRI scan.

**Decision:**

The reviewer agrees with the determination of the insurance carrier in this case. The MRI scan is not medically necessary.

**Rationale:**

The patient now has two MRI scans, both of which show a questionable abnormality in the posterior horn of the medial meniscus. In my opinion a third MRI scan is not medically necessary.

**Additional Comments:**

In summary, this patient obviously injured his knee, has had continued complaints now for four years, and needs definitive care for the knee. The most obvious and necessary next procedure in the treatment of this patient would be arthroscopy. The MRI scan may be an important clinical preliminary test, but it has been done now on two occasions and so the repeat is not clearly a necessary intermediate step and not medically necessary.

I am the Secretary and General Counsel of \_\_\_ and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this care for determination prior to referral to the Independent Review Organization.

We are simultaneously forwarding copies of this report to the payor and the Texas Workers' Compensation Commission. This decision by \_\_\_ 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 this 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 ten (10) days** of your receipt of this decision (28 Tex. Admin. Code 142.5©).

**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 twenty (20) days** of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you **five (5) 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 Workers' Compensation Commission  
P.O. Box 40669  
Austin, TX 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.

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 August 25, 2003.

Sincerely,