

## NOTICE OF INDEPENDENT REVIEW DECISION

**Date:** September 8, 2003

**RE: MDR Tracking #:** M2-03-1617-01  
**IRO Certificate #:** 5242

\_\_\_\_\_ 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 an Orthopedic Surgeon physician reviewer who is board certified in Orthopedic Surgery and who has an ADL Level 1 certification. The Orthopedic Surgeon 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 review concerns a then 36 year old male who struck his left knee with a hammer while on the job \_\_\_\_\_. The initial evaluation led to a diagnosis of nondisplaced fracture of the medial femoral condyle and he was managed with a knee immobilizer. Subsequent to an MRI, the diagnosis was modified to medial meniscal tear with arthroscopic intervention performed 10/11/01. Apparently the findings were mostly anterior horn meniscal changes as well as some chondral injury or degeneration to the medial femoral condyle. With continued symptoms he underwent a second MRI which apparently described some limited degenerative changes to the medial compartment as well as findings consistent with the post operative changes expected relative to the previous partial meniscectomy. Nonetheless he underwent a second arthroscopy 7/11/02, which involved some further medial meniscal debridement and appreciation of some residual irregular changes to the medial femoral condyle. Notably through the procedures, comments indicated virtually normal lateral compartment and patellofemoral articulation, though do not well describe the size of the medial femoral condyle lesion nor the extent of actual subchondral bone exposure, if any. With continued symptoms, there has been consideration of some element of reflex sympathetic dystrophy though not readily confirmed. Management has subsequently been conservative with medications, occasional Cortisone injections, as well as one series of Synvisc injections without sustained benefit. The current clinical picture is not entirely clear, with variable descriptions of range of motion, though the claimant apparently is using a cane or perhaps crutches for ambulation. While uncertain from the documentation, the claimant was post operatively initially on some modified sedentary work duty, though the supplied notes suggest that perhaps there has been no work participation for many months. The current consideration is that of further surgery by way of knee replacement.

### **Requested Service(s)**

The medical necessity of left total knee replacement.

## **Decision**

I agree with the insurance carrier and previous reviewing orthopedists that left total knee replacement in this instance is not medically necessary.

## **Rationale/Basis for Decision**

While the provider's documentation is frankly somewhat lacking in some of the details that would be helpful for specific decision making relative to further surgery, clearly this is a young person with only limited joint changes in one compartment of the knee that does not fall into a reasonable category for knee replacement. It would appear by the supplied documentation that the vast majority of this young individual's knee is healthy and does not at present warrant the considerable risks of total knee replacement. While knee replacement will almost certainly be overkill presently, the long term concerns are substantial for premature wear and loosening that would lead simply to further surgical revisions. While not strictly under the parameters of this review, there are many alternate forms of treatment that would be far more appropriate given this specific set of circumstances. It is significant that this claimant underwent 2 arthroscopies in less than one year and knee replacement as an option was suggested within 3 months of the second surgery. While I do not have all the information needed, efforts should be expended to consideration of medication alteration, work modification, daily home exercises, repeat Synvisc series, as well as less aggressive surgery that might involve cartilage or osteochondral grafting/microfracture/high tibial osteotomy/or unicondylar arthroplasty in the distant future. There should be no rush to further surgery and then only after full informed discussion with the claimant with the intraoperative photos in hand.

## **YOUR RIGHT TO REQUEST A HEARING**

Either party to 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** (ten) calendar days of your receipt of this decision (28 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) calendar days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

This decision is deemed received by you 5 (five) days after it was mailed or the date of fax (28 Tex. Admin. Code 102.5(d)). A request for a hearing and a **copy of this decision** must be sent to:

Chief Clerk of Proceedings / Appeals Clerk  
P.O. Box 17787  
Austin, Texas 78744  
Fax: 512-804-4011

The party appealing this decision shall deliver a copy of its written request for a hearing to other party involved in this dispute.