

September 3, 2003

Re: Medical Dispute Resolution  
MDR # M2-03-1635-01  
IRO Certificate No.: 5055

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 Spine Surgery.

**Clinical History:**

This 46-year-old female claimant twisted her knee, heard a pop, and developed moderate pain in her knee in a work-related accident on \_\_\_\_. An MRI of the left knee on 07/12/02 revealed myxoid degeneration of the posterior horn of the medial meniscus, and the anterior horn of the lateral meniscus, with no evidence of tear.

X-rays of the left knee showed normal alignment, with uniform joint space. She was diagnosed with patellar tendonitis, quadriceps tendonitis and quadriceps synovitis. She subsequently underwent a knee arthroscopy with synovectomy and plica resection. Further consideration at this time is being given for a repeat arthroscopy. The operative note reported no significant chondral changes. The arthroscopic examination revealed no significant improvement. A physician's note on 02/04/03 recorded a diagnosis of chronic left knee tendonitis and stated, "There is no surgical intervention that would alleviate this problem."

**Disputed Services:**

Left knee arthroscopy with patellar and quadriceps debridement.

**Decision:**

The reviewer agrees with the determination of the insurance carrier and is of the opinion that the procedures in question are not medically necessary in this case.

**Rationale:**

This 46-year-old, 240 pound, 5'0" tall individual had a previous arthroscopy that documented the absence of pathology, including a negative MRI, that did not give her any improvement. A further arthroscopic procedure, combined with open quadriceps and patellar debridement is likely to make her significantly worse, not better. The medical records provided for review do not document any objective indication for the proposed procedure.

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/Appeals Clerk  
P.O. Box 17787  
Austin, TX 78744  
Fax: (512) 804-4011

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 September 3, 2003.

Sincerely,