

October 7, 2003

MDR Tracking #: M2-04-0047-01
IRO #: 5251

___ has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this 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, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed Medical Doctor with a specialty and board certification in Orthopedic Surgery. The reviewer is on the TWCC Approved Doctor List (ADL). The ___ health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors 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 the dispute.

CLINICAL HISTORY

___ injured his left knee in a work-related accident on ___. No mechanism of injury is listed in the medical records provided for review. In August of 2002, he apparently had arthroscopic surgery on his left knee performed by ___, a board certified orthopaedic surgeon in _____, Texas. Findings at surgery were severe medial femoral condyle and patellofemoral joint articular cartilage loss. Recent x-rays demonstrate severe chondromalacia of the medial joint line and patellofemoral joint.

___ was treated with physical therapy, anti-inflammatory medicines and Synvisc injections, with no relief. Post-arthroscopy, the patient had early signs of reflex sympathetic dystrophy and was treated with pain management. The medical records demonstrate that the RSD has resolved.

The patient was then referred from ___ to his Partner, ___ for evaluation of possible total knee arthroplasty. In July and August of 2003, ___ stated that the patient has end-stage left knee DJD with severe chondromalacia of the patellofemoral joint and medial compartment of the left knee. The patient has an antalgic gait on the left and is in constant pain. His range of motion is "good." Standing x-rays reveal decreased articular space and thickness in the medial compartment and narrowing of the patellofemoral joint. It was ___ opinion that the patient would benefit from a total knee arthroplasty.

REQUESTED SERVICE

A left total knee replacement is requested for this patient.

DECISION

The reviewer disagrees with the prior adverse determination.

BASIS FOR THE DECISION

___ injured his left knee on or about ___ in an apparent related injury when he was employed for ___. He eventually underwent a left knee arthroscopy in August of 2002 which demonstrated end-stage DJD. He was treated with Synvisc injections post-operatively and developed mild RSD. The RSD has resolved, but the Synvisc injections did not decrease his pain. Due to persistent pain, the patient has been recommended a total knee arthroplasty by ___.

The reviewer concurs with ___ that a total knee arthroplasty would be a medical necessity to treat this patient's persistent left knee pain. The reviewer makes this decision based on well-accepted orthopaedic principles. This patient has failed all conservative treatment. His x-rays and arthroscopy demonstrate end-stage arthritis. A total knee arthroplasty would be a reasonable and necessary procedure in this case.

___ has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. ___ has made no determinations regarding benefits available under the injured employee's policy.

As an officer of ___, I certify that there is no known conflict between the reviewer, ___ and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

___ is forwarding by mail and, in the case of time sensitive matters by facsimile, a copy of this finding to the treating doctor, payor and/or URA, patient and the TWCC.

Sincerely,

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.

I hereby certify, in accordance with TWCC Rule 102.4 (h), that a copy of this Independent Review Organization decision was sent to the carrier, requestor, claimant (and/or the claimant's representative) and the TWCC via facsimile, U.S. Postal Service or both on this 7th day of October, 2003.