

## NOTICE OF INDEPENDENT REVIEW DETERMINATION

MDR Tracking Number: M2-04-0118-01

October 31, 2003

An independent review of the above-referenced case has been completed by a medical physician board certified in orthopedic surgery. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by \_\_\_\_, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

\_\_\_ hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to \_\_\_.

Notice of Independent Review Determination

### CLINICAL HISTORY

\_\_\_ injured her knee. Subsequently she had two operative interventions for diffuse knee pain. One of these encompassed a lateral release and chondral debridement. Ultimately in 1994 she was issued 4% WBI.

In 1997, recrudescence of left knee symptoms occurred. \_\_\_ in an RME capacity suggested her PFJ problems on her left knee were work compensable. He also opined that all signs and symptoms relative to both knees were compensable. \_\_\_, an orthopedic surgeon, suggested that sometime between 1992 and 1995 her symptoms resolved. She now presented and would continue to present with a congenital/hereditary/degenerative condition known as patella alta.

\_\_\_ in peer review format on 5/20/00 suggested that signs and symptoms were unrelated.

Recently in 2003, a pre-authorization for a hinged knee brace has been requested by \_\_\_\_.

REQUESTED SERVICE(S)

Proposed medical necessity of purchase of a hinged knee brace for left knee.

DECISION

Deny.

RATIONALE/BASIS FOR DECISION

Current symptoms are unrelated to the remote 1992 event. Multiple orthopedists that this patient has seen agree that the injury and temporary aggravation which could have occurred in 1992 has long since resolved.

Patella alta definably is a congenital condition. It is not post traumatic. This patient predictably will have future problems in the knee. It is not related to one traumatic event; it is related to a hereditary condition.

For this injury a knee brace is not warranted; a hinged knee brace is not the kind of brace that would be warranted in this condition, as well. Patella alta is not a condition that could be braced. A knee brace would be an unsound medical treatment modality for patella alta syndrome.

The opinions rendered in this case are the opinions of the evaluator. This evaluation has been conducted on the basis of the medical documentation provided with the assumption that the material is true, complete, and correct. If more information becomes available at a later date, then additional services, reports, or reconsideration may be requested. Such information may or may not change the opinions rendered in this evaluation. This opinion is based on a clinical assessment from the documentation provided.

**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** (ten) calendar days of your receipt of this decision (20 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 **20** (twenty) calendar 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 or the date of fax (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing and a **copy of this decision** must be sent to:

Chief Clerk of Proceedings/Appeals Clerk  
Texas Workers' Compensation Commission  
P.O. Box 17787  
Austin, Texas 78744

Or fax the request to (512) 804-4011. A copy of this decision must be attached to the request.

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

In accordance with Commission Rule 102.4(h), 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 this 4<sup>th</sup> day of November 2003.