

October 22, 2003

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TWCC Medical Dispute Resolution
MS-48
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MDR Tracking #: M2-04-0141-01
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

___ is a 48-year-old gentleman who apparently injured his left knee on or about ___ when he was employed for ___. The patient was building a swimming pool when a rock fell and hit his left knee, causing him to fall backwards. He received a laceration to the left knee. The rock weighed approximately 1000 pounds.

This patient was eventually seen by ___ and was treated for a laceration of his leg. There is evidence that the patient may have sustained a local wound infection.

An MRI of the right knee performed on August 12, 2002 demonstrated a large joint effusion with tricompartment DJD. There was evidence of a hematoma and seroma on the medial aspect of the knee. There is injury to the MCL. There was a bony contusive injury to the distal portion of the femur. There was also evidence of a loose body in the posteromedial aspect of the knee. There is clear evidence of pre-existing tricompartment DJD as well as a 2 cm. ovoid shaped calcification in the medial popliteal fossa within a Baker's cyst consistent with a possible osteochondroma.

He has had x-rays of the left knee that do not demonstrate any loose bodies, but do demonstrate tricompartment DJD.

___ eventually came under the care of ___ and was seen both by ___ and ___. In September of 2003 the patient has been recommended to undergo an arthroscopy of the left knee with removal of loose body and possible OATS to fill any defect that may be present. The patient's complaint is pain and popping in the left knee.

REQUESTED SERVICE

Left knee arthroscopy with removal of loose body and a possible graft to fill defect is requested for this patient.

DECISION

The reviewer both agrees and disagrees with the prior adverse determination.

BASIS FOR THE DECISION

This gentleman injured his left knee on ___. His x-rays and MRI clearly demonstrate pre-existing tricompartment DJD. His MRI demonstrates significant injury to his left knee directly related to his ___ injury. The patient has been treated appropriately to date, He has persistent pain and popping in his left knee with MRI/x-ray findings consistent with possible loose body.

Based on the above, the reviewer finds medical necessity for the proposed diagnostic arthroscopy of the left knee with possible removal of the loose body.

The reviewer does not find the proposed OATS procedure to be medically appropriate, given the fact that this patient has tricompartment DJD and it is unlikely that the "defects" would be a minimal to OATS procedure.

It should be noted that the reviewer based this decision upon reasonable and necessary medical health care to treat injury and medically accepted utilization review criteria based on the medical standards of care and the usual and customary treatment and services for this medical condition.

___ 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 24th day of October 2003.