

NOTICE OF INDEPENDENT REVIEW DETERMINATION

MDR Tracking Number: M2-04-0252-01
IRO Certificate No.: 5259

December 15, 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 ___.

CLINICAL HISTORY

___ was attempting to do custodial work on ____. She bumped the anterior aspect of her knee suffering what appears to be a patellar tendon bruise. Notable in the history is that she is 53-year-old insulin requiring diabetic female. Also notable is she is morbidly obese at 5'4", 199 pounds.

An MRI was obtained on 1/21/03 shows a posterior tibial plateau bone bruise and the absence or decreased signal of the ACL ligament. Arthroscopic surgery was recommended, and in a pre-authorization manner denied on four different occasions.

In an RME capacity, ___ sees and evaluates this patient. In probably the most thorough examination she has had in six months worth of treatment he demonstrates no instability of an anterior posterior nature. He strongly suggests that the patient has a normal physical examination except for medial joint line tenderness. ___ also points out that the mechanism of injury, i.e. an anterior blow to the knee, is the wrong mechanism of injury for related ACL insufficiency.

The last note reviewed on 6/5/03 by ____, a designated doctor, suggests the patient is not at MMI. Recent contestation by ____ on 11/12/03 suggests the patient is not at MMI until she is pain-free with return of motion. He recommends surgery.

REQUESTED SERVICE (S)

Prospective medical necessity of the proposed left knee arthroscopy/ACL reconstruction.

DECISION

Approve arthroscopy. Deny ACL reconstruction.

RATIONALE/BASIS FOR DECISION

Closely detailing all the medical records reviewed, there is agreement with ____ as far back as March 2003. It is now seven to eight more months since the patient presented to _____. If in fact _____ notes of recent vintage are correct that the patient still has an effusion; there is indication for need of a diagnostic arthroscopy.

In conclusion, it is medically necessary at this late date to proceed with at least a diagnostic arthroscopy; but there is **not**, repeat **not**, a recommendation for an ACL reconstruction in this kind of endomorphic individual without demonstrable clinical instability.

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 17th day of December 2003.