

THIS DECISION HAS BEEN APPEALED. THE FOLLOWING IS THE RELATED SOAH DECISION NUMBER:

SOAH DOCKET NO. 453-04-2296.M2

November 7, 2003

Re: MDR #: M2-04-0255-01
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 Orthopedic Surgery.

Clinical History:

This 56-year-old male fell while working on ___ and sustained injuries to multiple parts of his body which included his shoulders and both knees. This case concerns the injury that occurred to his right knee. Following the injury to the knee, he had swelling and pain. He was treated conservatively for the knee injury during the time that he was also treated and had surgery for his shoulder. His knee problem subsided but continued to bother him. He then continued to have problems with both knees which required arthroscopic surgery on the left knee on 12/12/02. After that surgery was done, his left knee was improved, and his right knee was still quite symptomatic, so he had the right knee arthroscopically treated on 01/30/03 by his orthopedic surgeon. He was found to have a considerable amount of degenerative joint disease in his knee. He had a torn medial meniscus in the posterior horn, and also a significant amount of chronic synovitis in the knee. He had chondromalacia of the patella and considerable chondromalacia of the medial femoral condyle, with also some chondromalacia of the lateral femoral condyle. He had a chondroplasty of the patella with a major synovectomy along with some chondroplasty in the lateral femoral condyle. After this surgery, his left knee did well, but his right knee continued to be a problem. The record indicates he had a cortisone injection into the right knee in April. He apparently continued to see his orthopedic surgeon who felt that the right knee had degenerated to the point that he needed a total knee replacement on the right side.

Disputed Services:

Proposed right total knee replacement.

Decision:

The reviewer disagrees with the determination of the insurance carrier. Total knee replacement is medically necessary in this case.

Rationale:

The patient demonstrates major degeneration of the medial and lateral compartment of his joint. He also demonstrates major patellofemoral chondromalacia. He is requiring a cane to ambulate at the present time. He is not going to improve with further conservative treatment.

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
Texas Workers' Compensation Commission, MS-48
7551 Metro Center Dr., Ste. 100
Austin, TX 78744-1609

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 November 7, 2003.

Sincerely,