

NOTICE OF INDEPENDENT REVIEW DECISION

Date: January 5, 2004

MDR Tracking #: M2-04-0307-01

IRO Certificate #: 5242

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced 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, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by an Orthopedic Surgeon physician reviewer who is board certified in Orthopedic Surgery and has an ADL Level 1. The Orthopedic Surgeon physician reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians 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 this case.

Clinical History

This now 46-year old morbidly obese female who apparently sustained an injury to the left knee in her capacity as an automobile assembler on ___. While I have now reviewed 2 separate sets of documents, none contain a description of the nature of the original work injury, though the earliest mention of any right knee concerns appears in ___ – some ___ later. After initial evaluation and management of the left knee, the claimant has now undergone three separate operations to the left knee and not surprisingly still remains symptomatic to the left knee according to the most recent records available. The initial surgery to the left knee on 02/23/01, included debridement of a degenerative tear of the medial meniscus with limited chondroplasty of the medial femoral condyle. Subsequently on 01/04/02, by a different orthopedic surgeon, she underwent further medial meniscectomy as well as lateral meniscectomy and drill/abrasion chondroplasty to the medial femoral condyle. Lastly, on 05/13/02, she underwent a medial compartment hemiarthroplasty (medial unicompartamental replacement) due to failure of the previous procedures. It should be appreciated that the medial replacement was performed despite the morbid obesity and previous x-rays (05/09/02) and MRI (09/24/01) indicating more diffuse tricompartmental degenerative changes. While unclear, the claimant has apparently not returned to her previous employment and the ongoing clinical picture is certainly suggestive that the previous employment level is not likely to be obtained.

Requested Service(s)

Right knee arthroscopy.

Decision

With careful review of the available records, I would not support the request for right knee arthroscopy.

Rationale/Basis for Decision

With careful review of the available records, I would not support the request for right knee arthroscopy for a multitude of reasons. Firstly, the right knee considerations appear completely unrelated to the compensable injury of the left knee. There is nothing in the records even by the current treating orthopedist that suggests somehow that the right knee complaints are as a result of a work related injury. Unless there is some contradictory information, the claimant's current condition of right knee is far more likely as a result of the morbid obesity and quite consistent with the predictable pattern, which has been occurring on the left. Additionally, the recent medical records do not indicate notable mechanical events such as locking or catching that would be helped with arthroscopic intervention. Rather the clinical picture and MRI are suggestive of developing degenerative arthritis to the medial compartment rather than some traumatic event. Moreover, there has been apparently virtually no attempt at conservative management other than oral anti-inflammatories and continued job restrictions. There should be some effort expended in terms of weight loss or consideration of intra-articular injections such as hyaluronate. Lastly, this claimant's clinical picture and past history is in no way suggestive of success for the proposed arthroscopic intervention. While the surgeon is proposing osteochondral grafting (Osteochondral Autologous Transfer System) procedure, microfracture (similar to previous drilling/abrasion chondroplasty), or autologous chondrocyte implantation (arthroscopic cartilage biopsy with later separate surgical open cartilage grafting), which can be useful in some cases, this claimant's circumstances virtually shout *failure* with the high probability of later more extensive surgical replacement. Given the ongoing problems with the left knee, as well as appreciation of her previous post-operative weight-bearing difficulties, it would be beyond my expectations that the claimant could be essentially nonweightbearing on the right for up to 3 months post-operatively to the proposed right knee surgery – the typical approach to allow for a greater success rate after the proposed type of operation. In summary, it is my recommendation that the proposed arthroscopy to the right knee should be denied.

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.