NOTICE OF INDEPENDENT REVIEW DETERMINATION

MDR Tracking Number: M2-04-0319-01

November 12, 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

___, while pulling hoses, injured both shoulders and allegedly the left knee. Very soon post injury, x-rays were taken of the left knee which showed medial and patellofemoral joint arthrosis. An MRI was obtained which showed severe degenerative joint disease with no cartilage remaining in several portions of his knee. There also was a torn meniscus.

In November 2002, ___ performed arthroscopy. This was for both medial and lateral meniscectomies as well as chondroplasty.

On 5/14/03, ___ consulted the patient in a designated doctor format. He awarded MMI. He noted the patient was 6' tall, 230 pounds with a varus deformity of the knee and very poor AROM. 0-90 degrees were documented. Repeat x-rays showed essentially bone on bone changes medial compartment. In an impairment rating he refused to award for an arthritic category.

A pre-authorization was attempted on two occasions for a total knee replacement. These were denied because of inadequate documentation. On 9/23/03, ___, an orthopedic surgeon, noted in his opinion the patient had no other options as a 60 year-old gentleman. For an arthritis diagnosis, he required a knee replacement.

REQUESTED SERVICE(S)
Medical necessity of left total knee arthroplasty.

DECISION
Deny left total knee arthroplasty.

RATIONALE/BASIS FOR DECISION
As a 60 some-year-old gentleman with severe pre-existing degenerative arthritis of the knee, this gentleman has no other choice but either a partial/total knee replacement,___ evaluation of 9/23/03 is accurate and thorough as is ___ 5/14/03 accurate and thorough.

There is little question this gentleman needs a knee replacement surgery.

The real question arises in whether it is related to the ___ injury. ___ early medical records suggest significant arthrosis in the knee with MRI and x-ray documentation, as well as ___ thorough evaluation with varus deformities, fixed loss of motion, endomorphic body habitus all imply this patient's knee arthritis is an ordinary disease of life and not something that should be construed to be post traumatic. In brief, it is unrelated to ___.

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 November 2003.