

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

SOAH DOCKET NO. 453-04-2775.M2

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

January 6, 2004

Re: IRO Case # M2-04-0569-01

Texas Worker's Compensation Commission:

___ has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to ___ for an independent review. ___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, ___ received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a physician who is Board Certified in Orthopedic Surgery, and who has met the requirements for the TWCC Approved Doctor List or who has been granted an exception from the ADL. He or she has signed a certification statement attesting 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 referral to ___ for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the ___ reviewer who reviewed this case, based on the medical records provided, is as follows:

History

The patient is a 34-year old female who injured her right knee in ___ when she hit the knee on a stock chaser. The patient did not report any fall or twisting injury at the time of the injury. A 7/1/02 MRI report notes a mild sprain of the MCL, a small popliteal cyst, moderate degenerative changes of the patello-femoral and a small joint effusion. No

meniscal tears were noted on the MRI report. The patient's orthopedic surgeon reportedly reviewed the MRI scan and noted a signal in the posterior horn of the medial meniscus on several images.

He recommends arthroscopic knee surgery for the right knee with possible medial meniscus repair versus partial meniscectomy and possible abrasion arthroplasty for the noted degenerative changes of the patello-femoral joint. The patient has been through nonoperative management with physical therapy and rehabilitation as provided by a chiropractor. She has continued to suffer from chronic knee pain. A second MRI on 8/2/03 was reported to show severe degenerative changes involving the patello-femoral joint, a small joint effusion, degenerative changes in the medial compartment of the knee, a popliteal cyst, and again no meniscal pathology. At a 9/11/03 evaluation with another orthopedic surgeon the patient reported no prior history of knee pain before the ___ injury. She noted mechanical symptoms of popping, locking and buckling after her work injury. Her knee examination demonstrated significant limitation in motion with diffuse tenderness around the right knee. A bone scan was ordered to rule out RSD due to the patient's hyperesthesia. The bone scan reportedly demonstrated increased activity around the medial compartment of the knee and was consistent with a probable degenerative process in the knee. The evaluating orthopedic surgeon also recommended arthroscopic surgery of the right knee.

Requested Service(s)

Right knee arthroscopy/meniscectomy, chondroplasty and possible retinacular release

Decision

I disagree with the carrier's decision to deny the requested surgery.

Rationale

The patient has been consistent in her reported subjective symptoms of popping, catching and instability. Although there are no definitive findings of a torn meniscus on the two MRI scans performed on the patient's right knee, MRI scans are not 100% accurate, and false negatives can occur as often as 10% of the time. Reading errors can occur, and the images often depend on the quality of the magnet. It is possible that the patient may have suffered a chondral injury at the time of the work injury, and that over the past year and one half degenerative changes may have occurred as a result of that injury. Since the patient has failed nonoperative management, it is reasonable and necessary to proceed with arthroscopic surgery.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.

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.

In accordance with Commission Rule 102.4 (b), I hereby certify that a copy of this Independent Review Organization (IRO) decision was sent to the carrier and the requestor or claimant via facsimile or US Postal Service from the office of the IRO on this 7th day of January 2004.