

**IRO Certificate #4599**

**NOTICE OF INDEPENDENT REVIEW DECISION**

April 26, 2004

**Re: IRO Case # M2-04-0827-01**

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 58-year-old male who stepped off the back of a fire truck and turned his ankle and experienced a pop in his left knee in \_\_\_. He experienced significant pain with an associated effusion of the left knee. X-rays demonstrated evidence of osteophytes around the patellofemoral joint. A 4/30/03 MRI of the left knee suggested extensive degenerative fragmentation of both the medial and lateral menisci, patellofemoral chondromalacia with joint space narrowing, a moderate joint effusion, and subchondral sclerosis of the lateral tibial plateau. The patient underwent arthroscopic surgery of the left knee on 6/6/03. At the time of surgery the patient was noted to have medial and lateral meniscus tears, lateral

subluxation of the patella, and “posttraumatic chondral damage” of the patella and trochlear groove of the femur. After surgery, the patient continued to suffer from chronic pain and swelling. He had problems with a chronic effusion. He underwent a couple of knee aspirations and injections with steroids. He was treated with anti-inflammatory medication and referred for physical therapy. He did not respond to the treatment. The patient underwent synvisc injections, but continued to have pain and swelling in the left knee.

Requested Service(s)

Total left knee replacement

Decision

I disagree with the carrier’s decision to deny the proposed procedure on the basis of medical necessity.

Rationale

At the time of the patient’s injury there was radiographic evidence of patello-femoral degenerative changes, and the MRI obtained four days after the injury demonstrated significant degenerative changes involving the patello-femoral joint, the lateral femoral condyle and the lateral tibial plateau. In fact, there was subchondral sclerosis noted on the lateral tibial plateau with marginal osteophyte formation. These findings signify advanced degenerative changes four days after the patient’s injury and that the degenerative process existed for some time prior to the injury. Nevertheless, the arthroscopic procedure performed after the injury was appropriate to address the meniscal tears, and care of the patient following surgery has been reasonable. Due to the patient’s advanced arthritis, which is unrelated to his injury, and because all other appropriate treatments have been tried without success, a total knee replacement is medically necessary for this patient.

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.

Sincerely,

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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 27<sup>th</sup> day of April 2004.