IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

June 14, 2004

Re: IRO Case # M2-04-0869

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:

<u>Medical Information Reviewed</u>

1. Table of disputed services
2. Denial letters
3. Request for reconsideration 11/14/03
4. Clinic notes 8/21/03 – 12/9/03
5. Consultation report 1/19/04
6. Left knee MR arthrogram results 1/19/04
7. Left knee MRI report 8/11/03
8. FCE 10/9/03
9. Chiropractic clinic notes

History
The patient is a 20-year-old male who was injured in ___ when he stepped into a van to install some shelving and lost his balance and twisted his left knee. He was evaluated by a chiropractor on 8/1/03. X-rays of the left knee were obtained, and the patient was prescribed some physical therapy. An MRI of the left knee was obtained on 8/11/03. The MRI findings suggested a mild MCL sprain with no evidence of internal derangement. He was referred to an orthopedic surgeon on 8/21/03, who recommended physical therapy, based on his examination and MRI findings. The patient continued to complain of left knee pain, and an MR arthrogram of the left knee was recommended. On 10/9/03 the patient underwent an FCE. He was noted to have limitations of his work capacity due to his left knee. He met the requirements for medium work capacity, but his job requires a heavy work capacity. An MR arthrogram was performed on 11/20/03 and the results were normal.

Requested Service(s)
Work hardening program x 6 weeks

Decision
I agree with the carrier's decision to deny the requested program.

Rationale
Based on the physical examination findings and MRI studies, the patient suffered a mild to moderate sprain of his left knee. Such an injury usually heals over a period of six to twelve weeks. The initial MRI demonstrates evidence of a mild strain of the medial collateral ligament. The patient was treated with appropriate therapy for this injury. An injury of this nature is usually treated with rest from strenuous activity, anti-inflammatory medication and physical therapy. The patient has continued to suffer subjective pain despite the appropriate treatment. Based on the patient's persistent, chronic symptoms of pain, there is no evidence to suggest that he would respond to further therapy with work hardening. The orthopedic consultation report supports this conclusion. The report states that the patient does not wish to proceed with any long term "conservative" treatment plan, but he does want surgery on his left knee. According to the report, the patient has a patellar alignment and tracking problem which is not likely going to respond to bracing or therapy.

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,

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 18th day of June 2004.