

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

SOAH DOCKET NO: 453-04-5364.M2

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

March 23, 2004

Re: IRO Case # M2-04-0871

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 42-year-old female who tripped over a concrete lip on the ground and fell onto her left knee in ___. She experienced a pop at the time of the injury, with immediate onset of pain and swelling in her left knee. She was seen in an ER and then evaluated by an orthopedic doctor. MRI evaluation of the knee indicated findings consistent with a thickening of the ACL and significant degenerative changes involving the posterior horn of the medial meniscus. A conservative treatment plan was initiated, including physical therapy and medication. The patient continued to suffer from pain over the medial side of her left knee. A 9/26/03 bone scan of the left knee suggested findings consistent with arthritis in the left knee. On 11/10/03, it was noted that the patient had mild swelling around the left knee with medial joint tenderness, a positive McMurray's exam on the medial side, and limited knee flexion with subjective tenderness.

A steroid injection to the left knee was recommended. The patient's pain continued, primarily over the medial side of her knee.

Requested Service(s)

Left knee arthroscopy / medial meniscectomy

Decision

I disagree with the carrier's decision to deny the proposed arthroscopy.

Rationale

The patient had no prior history of left knee problems before her ___ injury. She has undergone non-operative treatment without significant benefit. An MRI suggests significant degenerative changes involving the posterior horn of the medial meniscus. The patient's physical examination, as reported by several different physicians, is consistent, with reported medial joint tenderness. After six months of conservative treatment, the patient continues to suffer from chronic knee pain over the medial side of her left knee. It is possible that the patient is suffering from a pre-existing degenerative condition in her left knee that was aggravated by her fall, or that she has a medial meniscus tear. False negative MRI reports of the knee are not uncommon

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 26th day of March 2004.