

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

May 5, 2004

Re: IRO Case # M2-04-0901

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:

Medical Information Reviewed

1. Table of disputed services
2. Denial notes 12/31/03, 1/13/04
3. Clinic notes 1/29/04, 12/10/03
4. Rehab progress notes 12/22/03 – 2/27/04
5. Designated doctor exam report 2/26/03

History

The patient is a 61-year-old male who injured his left knee on a trailer hitch in _____. He was noted to have a torn medial meniscus and grade III chondromalacia of the distal femoral condyle. The patient reportedly underwent two separate arthroscopic procedures on his left knee. The first procedure, in June 2002, included a partial medial meniscectomy, partial lateral meniscectomy and chondroplasty. A pre-operative MRI was obtained at that time. The patient's symptoms persisted. A second MRI was performed demonstrating evidence of a persistent medial meniscus tear. The patient's second surgery included a left knee arthroscopy with partial medial meniscectomy, thermal chondroplasty and limited synovectomy on 11/22/02.

Requested Service(s)

Repeat left knee MRI

Decision

I agree with the carrier's decision to deny the proposed repeat MRI.

Rationale

The medical records provided for this review do not include evidence that any plain radiographs were obtained of the left knee, including weight-bearing x-rays. The patient was noted to have significant chondromalacia of his distal femoral articular surface after his first arthroscopic procedure. After two arthroscopic procedures with partial meniscectomies, the menisci will appear abnormal on another MRI. The patient's physician has the clinical information he needs to make a medical treatment decision without obtaining another MRI. He has the knowledge of the two prior arthroscopic findings as well as his clinical exam. Weight-bearing x-rays of the left knee to evaluate the extent of the degenerative process in the patient's left knee would be helpful.

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 5th day of April 2004.