

NOTICE OF INDEPENDENT REVIEW DECISION

Date: April 6, 2004

RE: MDR Tracking #: M2-04-0923-01
IRO Certificate #: 5242

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ___ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a Orthopedic reviewer (who is board certified in Orthopedics) who has an ADL certification. The physician reviewer has signed a certification statement stating 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 the referral to for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This review involves a 38 year old female hospital dietary service manger who apparently sustained injuries to the left foot and right knee while on the job ___, apparently slipping on some kitchen grease. While the mechanism of injury is unclear, the limited documents would suggest some impact twisting to the foot and ankle with perhaps some element of direct impact to the knee in the process. The initial orthopedic evaluation the following day notes greater complaints to the foot and ankle though with appreciation of some right knee swelling suggestive of "sprain". Despite the fairly benign initial clinical appearance, MRI studies were ordered of all the areas involved. MRI of the right knee performed on 10/9/03 notes increased signal along the inferior aspect of the posterior horn of the medial meniscus, suspicious for tear. Initial care was analgesics, nonsteroidal anti-inflammatory drugs, limited physical therapy and with commonsense approach to continued regular work activities. While the initial clinical picture appeared to be fairly benign, there were subsequent complaints of "substantial problems" with the right knee (without exam?) and request was made for arthroscopic meniscectomy. Apparently on the basis of lack of clinical evidence, the authorization was previously denied and this review involves that appeal process.

Requested Service(s)

Right knee arthroscopy

Decision

I agree with the insurance carrier that the requested intervention is not medically necessary.

Rationale/Basis for Decision

While the arthroscopy may be of some benefit, the clinical records supplied are insufficient or inconsistent to support authorizing surgery. The initial records and clinical picture do not suggest meniscal tear. These initial records are in fact the only ones by the provider since the time of injury. These records are in fact inconsistent, suggesting no effusion to the knee at the same time the notes indicate swelling. The results of the clinical exam seem to suggest a “contusion” to the knee with good range of motion and stability, and no particular indication of meniscal insult or irritability. The clinical diagnosis was sprain, yet the diagnosis was changed once the MRI results were available. It should be appreciated that MRI results are somewhat variable dependent upon the magnet, the images, and the interpreter as well as often showing incidental signal changes that have little to do with clinical relevance. Without some relevant history of clinical exam, arthroscopic intervention may serve no useful purpose.

Additional the CPT coding of 717.2 seems to suggest a chronic condition (rather than the acute coding of 836.0). Is there a pre-existing history of knee difficulties? At any rate, the provider has a minimal obligation to substantiate the clinical picture of meniscal tear if he proposes to operate. There are essentially only clinical notes of 10/8/03, which are inadequate and inconsistent to support the medical necessity for arthroscopy.

YOUR RIGHT TO REQUEST A HEARING

Either party to this 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.