

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

**SOAH DOCKET NO. 453-04-7041.M2**

**IRO Certificate #4599**

**NOTICE OF INDEPENDENT REVIEW DECISION**

May 14, 2004

**Re: IRO Case # M2-04-0925-01**

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:

Medical Information Reviewed

1. Table of disputed services
2. Letter of denial 11/21/03
3. Letter of appeal 2/24/04, 3/22/04
4. Response to appeal letter 3/4/04
5. MRI report of left knee, 9/20/02, 9/25/00
6. Operative report 11/29/00

7. History and physical 11/29/00
8. Clinic notes 9/02 – 2/04

### History

The patient is a 51-year-old male who was injured on \_\_\_ when he was picking up a heavy railroad tie and twisted his left knee. He had had a previous injury to his left knee in \_\_\_, and underwent arthroscopic surgery in November 2000, including a partial medial meniscectomy. He suffered another injury to the left knee on \_\_\_, and significant degenerative changes in the left knee were noted. After the \_\_\_ injury x-rays demonstrated “bone on bone eburnation of the medial compartment.” A 9/20/02 MRI demonstrated a joint effusion, prominent osteoarthritic changes primarily involving the medial tibiofemoral compartment, probable AVN of the subcortical medial tibia and medial femoral condyle, degenerative changes of the lateral meniscus, and complex tear of the lateral meniscus. The patient reportedly suffers from chronic pain. On physical examination it has been noted that the patient has varus deformity, limited range of motion, and medial joint line tenderness. He has been treated with anti-inflammatory and pain medications.

### Requested Service(s)

Left total knee replacement

### Decision

I disagree with the carrier’s decision to deny the proposed surgery based on medical necessity.

### Rationale

A left total knee replacement is a reasonable treatment option based on the patient’s physical findings and diagnostic studies. Options for treatment of the severely degenerative knee include anti-inflammatory medications, unloader braces, over-the-counter supplements, cortisone injections, joint fluid therapy with hyaluronic acid, physical therapy, arthroscopic surgery, a high tibial osteotomy, and joint replacement surgery. It has been reported that the patient has severe loss of articular cartilage space in his medial compartment with a varus knee deformity and flexion contractures. The method of treatment implemented often depends on the patient’s symptoms and degree of disability, as well as the physical findings. A patient who suffers from end-stage degenerative arthritis with complete loss of the articular cartilage is not likely going to respond well to NSAIDS, over-the-counter glucosamine, or hyaluronan injections. This patient has already undergone treatment with arthroscopic knee surgery, which would likely not be effective in the treatment of degenerative arthritis at this stage. At this stage of arthritis, the most effective treatment to provide the patient with relief of his symptoms and restore function would be a knee replacement.

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 20<sup>th</sup> day of May 2004.