

April 12, 2004

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M2-04-0983-01

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The ___ IRO Certificate Number is 5348. Texas Worker's Compensation Commission (TWCC) Rule §133.308 allows for a claimant or provider to request an independent review of a Carrier's adverse medical necessity determination. TWCC assigned the above-reference case to ___ for independent review in accordance with this Rule.

___ has performed an independent review of the proposed care to determine whether or not the adverse determination was appropriate. Relevant medical records, documentation provided by the parties referenced above and other documentation and written information submitted regarding this appeal was reviewed during the performance of this independent review.

This case was reviewed by a practicing physician on the ___ external review panel. The reviewer has met the requirements for the ADL of TWCC or has been approved as an exception to the ADL requirement. This physician is board certified in orthopedic surgery. The ___ physician reviewer signed a statement certifying that no known conflicts of interest exist between this physician and any of the treating physicians or providers or any of the physicians or providers who reviewed this case for a determination prior to the referral to ___ for independent review. In addition, the ___ physician reviewer certified that the review was performed without bias for or against any party in this case.

Clinical History

This case concerns a 28 year-old female who sustained a work related injury on ___. The patient reported that while at work she was hit in the right knee by a box. An orthopedic evaluation dated 10/10/03 indicated that the patient was initially treated with medications and therapy and referred to an orthopedic surgeon who recommended right knee arthroscopy. It noted that the patient was pregnant and that the surgery was going to be performed after the delivery of her child in February of 2003. It indicated that an MRI of the right knee dated 7/9/03 showed increased fluid in the joint, questionable mild lateral subluxation of the patella on the axial views, and that the anterior cruciate ligament, posterior cruciate ligament, and menisci were intact. It also indicated that the impression was mild increased fluid in the joint and questionable mal-tracking of the patella was noted. The recommendation for this patient is a diagnostic/operative arthroscopy.

Requested Services

Right knee arthroscopy/meniscectomy.

Decision

The Carrier's denial of authorization for the requested services is upheld.

Rationale/Basis for Decision

The ___ physician reviewer noted that this case concerns a 28 year-old female who sustained a work related injury to her right knee on ___. The ___ physician reviewer indicated that the patient was initially treated with chiropractic care and a failed course of physical therapy. The ___ physician reviewer noted that the patient transferred care and surgery was recommended, but delayed because of the patient's pregnancy. The ___ physician reviewer also noted that an evaluation on 8/14/03 indicated the patient complained of right anterior knee pain radiating up the thigh anteriorly in a burning fashion. The ___ physician reviewer explained that this treating physician reported to the patient that the symptoms being described did not fit an anatomic pattern that would be helped with arthroscopic surgery. The ___ physician reviewer noted that the patient transferred her care to another physician who diagnosed her with chronic patellofemoral pain, possible chondral fracture of the patella and possible synovial plica. The ___ physician reviewer also noted that this physician recommended diagnostic arthroscopy. The ___ physician reviewer further noted that a MRI of the right knee dated 7/9/03 showed a small effusion and mild patellar tilting. The ___ physician reviewer explained that at this point in time with the patient's complaint history and physical findings, the patient would not benefit from an arthroscopic procedure. Therefore, the ___ physician consultant concluded that the requested Right knee arthroscopy/meniscectomy are not medically necessary to treat this patient's condition at this time.

This decision is deemed to be a TWCC Decision and Order.

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)** days of your receipt of this decision. (20 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)** days of your receipt of this decision. (28 Tex. Admin. Code 148.3)

This decision is deemed received by you 5 (five) days after it was mailed. (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing should be sent to:

Chief Clerk of Proceedings/Appeals Clerk
P.O. Box 17787
Austin, TX 78744
Fax: 512-804-4011

A copy of this decision should be attached to the request.

The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute. (Commission Rule 133.308(t)(2))

Sincerely,

I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on this 12th day of April 2004.