

NOTICE OF INDEPENDENT REVIEW DECISION

Date: April 2, 2004

RE:

MDR Tracking #: M2-04-0986-01

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 an Orthopedic reviewer (who is board certified in Orthopedic Surgery) 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 then 42 year old morbidly obese female who sustained impact injuries to both lower extremities on ___, while on the job in the bakery department of _____. While there has been a variety of descriptions of the injury, it would appear that the claimant sustained contusions/abrasions to the lower tibial (shin) regions of both legs when struck by a pallet jack, which had momentarily had been caught against another object, as she was pulling it. This apparently resulted in temporarily pinning her against the nearby wall, though specifically without apparent direct impact to the knees, nor twisting injuries to the knees. The initial event was apparently primarily self-managed and she continued her usual employment. While early records are not available, it would appear that some persistent concern arose to one or both knees 5-6 months later which led to initial orthopedic evaluation in October 2001. After initial conservative management, she underwent arthroscopic bicompartamental meniscal debridement and tricompartmental chondroplasty of the more sympathetic right knee in February 2002. Pre-operative x-rays of the right knee as well as the intraoperative description were consistent with tricompartmental degenerative arthritis. Subsequently, the patient has indicated to multiple examiners that the knee surgery was frankly of little benefit and that she is now "worse". With continued difficulties to both knees, she has undergone evaluation and further conservative care by other providers including MRI studies of the right post-operative knee and the left knee. In that the MRI of the left knee confirmed some meniscal pathology, the current treatment orthopedist is requesting authorization for arthroscopic meniscectomy. In that the requested arthroscopy to the left knee has been denied, this review deals with that appeal process.

I have reviewed the material submitted to me regarding the above claimant. This includes documentation from October 2001 to January 2004 and includes physical therapy reports, x-ray reports, MRI reports, as well as a variety of clinical notes from two different treatment chiropractors and two different treating orthopedists, as well as somewhat more detailed independent evaluations rendered by two additional orthopedists. The following opinion is based solely upon the submitted documentation, absent the opportunity to personally examine the claimant.

Requested Service(s)

Left knee arthroscopy; medial meniscal debridement

Decision

I agree with the insurance carrier that the proposed operative procedure is not medically necessary.

Rationale/Basis for Decision

With careful review of the pertinent history, useful examination reports, x-ray reports, as well as the MRI study of the left knee, one can readily conclude that the patient is dealing with fairly extensive degenerative arthritis changes to the left knee. While occasionally arthroscopic debridement/meniscectomy/chondroplasty can be useful to a limited degree in the face of the degenerative arthritis, this typically is only when there is substantial mechanical symptomatology. The more credible reviewers indicate more a picture of stiffness and soreness 24/7 consistent with arthritis, and with specific mention that the patient denies any locking, catching, or giving way in the left knee. The current requesting orthopedist only vaguely describes bilateral knee pain, mentioning “popping” for the first time only after the MRI study has been completed, the previous focus apparently on the patellar chondromalacia. Given this clinical picture, I would agree that the proposed arthroscopic surgery to the left knee is most likely destined to fail. This is further reinforced by failure or worsening relative to the previous well-intended arthroscopic debridement of the right knee. This likelihood of failure makes the requested operation not medically necessary.

Additionally, it is my opinion that the bilateral knee tricompartmental arthritis is a fairly predictable natural outcome or consequence of the patient’s morbid obesity rather than the apparent incidental work related injury to the lower legs at a site distant to the knees. While the philosophical discussion provided by ___ was reviewed, however, I was frankly ultimately confused as to his opinion of causality. Conversely, I find it easy to agree with the conclusions of ___, that the claimant most likely sustained limited injuries to the shins and that the early-onset degenerative arthritis to both knees is the result of obesity which predictably became symptomatic. The history, clinical examination and MRI description are in fact quite consistent with degenerative changes, the meniscal pathology described being quite limited and incidental. By comparison, traumatic meniscal tears are quite different.

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.