

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

May 5, 2004

Re: IRO Case # M2-04-0989

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. Notice of denial 2/4/04
3. Peer review 2/20/04
4. MD clinical notes 11/3/03, 1/26/04
5. Operative report 5/26/98
6. Clinic notes 12/19/00-6/13/02
7. Report MRI right knee 1/19/98

History

The patient is a 70-year-old male who injured his right knee in ___ when he tripped over some bolts sticking out of the ground. This led to a right knee arthroscopy with findings of a full thickness cartilage defect on the medial side of the patient's knee. The doctor reportedly removed some damaged cartilage and performed subchondral drilling. A 1998 MRI showed a large OCD lesion of the medial femoral condyle. On 5/26/98 the patient was taken back to surgery for another right knee arthroscopy with removal of the osteochondral lesion with chondroplasty of the knee. Synvisc injections were reportedly performed on several occasions in 7/98, 8/00, and 3/01. On 11/3/03 the patient presented to his current physician for right knee pain. The treating physician indicated that the patient suffers from severe degenerative arthritis of the right knee, and that a right total knee arthroplasty is medically indicated.

Requested Service(s)

Right total knee arthroplasty

Decision

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

Rationale

The medical records provided for this review do not include the pertinent information to justify a total knee arthroplasty. There are no provided reports of diagnostic radiographs that indicate severe end-stage degenerative changes of the patient's right knee. The medical notes only mild joint line tenderness on exam with 0 to 100 degrees of motion. The patient was reportedly given a depo-medrol injection, but there is no indication of how the patient responded to this treatment. The clinical notes document that the patient has right knee pain, but there is no documentation of the level of patient disability or impairment to justify a right total knee arthroplasty. The patient may or may not require a right knee arthroplasty, but there is insufficient documentation provided to support this medical decision.

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 May 2004.