

## NOTICE OF INDEPENDENT REVIEW DECISION

April 28, 2004

MDR Tracking #: M2-04-1116-01  
IRO Certificate #: IRO4326

The \_\_\_ 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 \_\_\_ physician reviewer who is board certified in Orthopedic Surgery by \_\_\_ licensed in \_\_\_ and provides care to injured workers. This is the same specialty as the treating physician. 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 51 year old female sustained a work related injury on \_\_\_ when she slipped on a wet floor while cleaning a restroom. Her past medical history includes a previous back injury in \_\_\_. The patient began to complain of left knee pain and an MRI of the left knee was performed on 11/12/02. The patient is described as having internal derangement of the left knee on 06/03/02. The patient underwent steroid injections of the left knee on 06/03/03 and physical examination reveals flexion 0-120 with no crepitus. A physical examination on 01/26/03 revealed lateral joint line tenderness, positive lateral Apley Grind test, palpable crepitus, negative Lachman, and stable varus and valgus.

### Requested Service(s)

Left knee arthroscopic lateral meniscal debridement

### Decision

It is determined that the left knee arthroscopic lateral meniscal debridement is not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

The patient's left knee had medial signs and symptoms consistent with arthrosis. The MRI report showed a posterior horn tear of the lateral meniscus. Clinically, and with the submitted medical record documentation, this patient's knees are arthritic. The treatment of knee arthritis is not arthroscopy. An arthroscopy is indicated when the diagnosis is in question or when one is certain that the continued symptoms are due to a degenerative tear of the meniscus, which is rare. Therefore, the left knee arthroscopic lateral meniscal debridement is not medically necessary.

This decision by the IRO 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) 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 hearing and a **copy of this decision** must be sent to: Chief Clerk of Proceedings/Appeals Clerk, Texas Workers' Compensation Commission, 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 all other parties involved in this dispute.

Sincerely,

In accordance with Commission Rule 102.4 (h), 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 28 <sup>th</sup> day of April 2004.
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