May 25, 2004

Re: MDR #: M2-04-1197-01
IRO Certificate No.: 5055

In accordance with the requirement for TWCC to randomly assign cases to IROs, TWCC assigned your case to ___ for an independent review. ___ has performed an independent review of the medical records to determine medical necessity. In performing this review, ___ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

I am the Secretary and General Counsel of ___ and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this care for determination prior to referral to the Independent Review Organization.

Information and medical records pertinent to this medical dispute were requested from the Requestor and every named provider of care, as well as from the Respondent. The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician who is Board Certified in the area of Pain Management and is currently listed on the TWCC Approved Doctor List.

REVIEWER'S REPORT

Information Provided for Review:
TWCC-60, Table of Disputed Services, EOB's
Carrier's correspondence
Progress notes and physician consults (10/01/02 – 05/23/03).
Rehab notes (12/05/02 – 03/10/03); FCE 02/13/03.
Operative report 11/19/02; MRI 10/21/02 & 05/05/03; X-ray 10/01/02 & 04/25/03

Clinical History:
The patient sustained an injury at work on ___ and subsequently underwent an MRI and arthroscopy. At the time of arthroscopy, the medial meniscus was seen to be intact, and there was chondromalacia of the patella and medial femoral condyle along with a plica. The plica was excised and the joint debrided.

Disputed Services:
Left knee arthroscopy for medial meniscus tear.

Decision:
The reviewer agrees with the determination of the insurance carrier and is of the opinion that the procedure in dispute as stated above is not medically necessary in this case.

Rationale:
A second arthroscopy is not necessary because there were changes on the first MRI, which were thought to be grade 1 degenerative changes.

The surgeon at the time of the first arthroscopy looked at the medial meniscus and did not see a tear and found chondromalacial changes of the medial femoral condyle and patella. The patient subsequently had a second MRI, which showed some changes in the medial meniscus; however, this was consistent with the first MRI, and the surgeon had the option of looking at the time of surgery and did not see a tear. The patient is significantly overweight, and it would be, by review of the records, that the patient's continued symptoms would probably be a combination of weight, chondromalacial changes of the patellar, and medial femoral condyle.

We are simultaneously forwarding copies of this report to the payor and the Texas Workers' Compensation Commission. This decision by ___ is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of this 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 ten (10) days** of your receipt of this decision (28 Tex. Admin. Code 142.5©)

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

This Decision is deemed received by you **five (5) 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
Texas Workers' Compensation Commission, MS-48
7551 Metro Center Dr., Ste. 100
Austin, TX 78744-1609

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.

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 May 25, 2004.

Sincerely,