

June 30, 2004

MDR Tracking #: M2-04-1318-01
IRO #: 5251

___ has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this 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, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed Medical Doctor board certified and specialized in Orthopedic Surgery. The reviewer is on the TWCC Approved Doctor List (ADL). The ___ health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors 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 the dispute.

CLINICAL HISTORY

___ is a 49-year-old employee of ___. The history reveals that ___ was treating her for a thumb problem. While this was being done she had another injury on ___ that involved slipping and falling, resulting in injury to both knees. She was originally sent to the ___ where she was seen and x-rayed. No evidence of fracture was found and she was given medication for anti-inflammatory effect and also was given physical therapy. She did this and improved slightly. She was then referred to ___ for the first time on this injury on ___. He examined her and felt that conservative treatment should continue. She returned as instructed and she saw him again on February 16, 2004. He reviewed her x-rays and found no fracture. He continued her on Vioxx and suggested physical therapy for about three weeks. ___ then returned on March 15, 2004 and ___ determined that she had a 2+ effusion in the right knee and a trace of effusion in the left knee. She was complaining of catching and locking in both knees. She was taking the medication that he had prescribed, but was not getting any physical therapy. He felt that she had evidence of internal derangement of both knees and felt that she had a ligamentous sprain of both knees. He ordered an MRI of both knees, but the carrier did not approve this study.

REQUESTED SERVICE

A MRI to bilateral knees is requested for this patient.

DECISION

The reviewer disagrees with the prior adverse determination.

BASIS FOR THE DECISION

The MRI of both knees is reasonable and necessary for the diagnosis and treatment of this lady's knee injury that occurred on _____. She is having symptoms of catching and locking in both knees, which many times is suggestive of torn menisci or meniscus in the knee. This study should be done on both knees, since she is having these symptoms and her x-rays do not give any good information as to why the catching and locking is taking place.

_____ has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. _____ has made no determinations regarding benefits available under the injured employee's policy.

As an officer of _____, Inc, dba _____, I certify that there is no known conflict between the reviewer, _____ and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

_____ is forwarding by mail and, in the case of time sensitive matters by facsimile, a copy of this finding to the treating doctor, payor and/or URA, patient and the TWCC.

Sincerely,

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.

I hereby certify, in accordance with TWCC Rule 102.4 (h), that a copy of this Independent Review Organization decision was sent to the carrier, requestor, claimant (and/or the claimant's representative) and the TWCC via facsimile, U.S. Postal Service or both on this 30th day of June, 2004.