

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

July 16, 2004

Re: IRO Case # M2-04-1498

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. Denial letters
3. Report of medical examination 5/9/03
4. Initial medical examination report
5. IME 1/28/03
6. X-ray report left knee 10/30/02
7. Request for preauthorization form
8. Office notes
9. Physical therapy reports

10. D.C. notes
11. Surgeon's notes and letters
12. SOAH 5/04 Decision and Order

History

The patient is a 50-year-old male who in ___ fell on wet ground and twisted his left knee, and suffered post traumatic osteoarthritis. He had had prior knee surgery, including a 1972 open meniscus repair and/or excision, and arthroscopic debridement in 1982. The patient was reportedly able to return to full activity after these surgeries. However, since the ___ re-injury he has had severe and debilitating knee pain and swelling. The patient obviously had underlying, preexisting osteoarthritis in the knee. However, this was made more symptomatic to the point where he could not function. The patient has failed exhaustive conservative measures.

Requested Service(s)

Left total knee arthroplasty

Decision

I disagree with the carrier's decision to deny the requested left total knee arthroplasty.

Rationale

The patient certainly has osteoarthritis of the knee that is tri compartmental in nature. He is not a good candidate for Synvisc or joint fluid therapy because of the severity of his disease. In addition, he has failed a trial of non-operative management, including physical therapy, steroid injections and activity modification. Because of the tri compartmental disease, he is not a good candidate for other measures. The patient's current pain and disability would be best treated by a total knee arthroplasty. Therefore, the proposed procedure is medically reasonable and necessary.

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 21st day of July 2004.