July 19, 2004

MDR Tracking #: M2-04-1500-01
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 52-year-old employee of ___ who tripped on a cart while working and fell forward, hitting both knees directly on the concrete floor. She also sustained injury to her right hand and right elbow but the knees are the problems that we are concerned with in this dispute. She was treated conservatively by her chiropractor, ___. He referred her to an orthopedic surgeon, ___, for her knee problem. After conservative treatment to the knee did not help her, she had MRI studies of both knees. Both these studies demonstrated some reported evidence of chondromalacia of the patellae with some minor degenerative changes. After evaluating the patient, ___ felt that he was a candidate for arthroscopic surgery on her left knee. On March 24, 2004 she went to surgery and ___ did a lateral release of the patellar retinaculum because of lateral subluxation of the patella and also he did a chondroplasty of the articular cartilage covering the surface of the patella. After this surgery was done she was given some physical therapy and she improved following this surgery. According to the medical records that are presented the patient stated that her pain level went down from a 10 prior to surgery to approximately a 4 after surgery. ___ seemed pleased with her progress with this left knee.

The patient then had symptoms in the right knee and the MRI findings were basically the same as the left knee. Therefore, he has requested approval for arthroscopic surgery on her right knee, which would consist of chondroplasty of the patella along with a retinacular release to improve the lateral subluxation of the patella. The insurance carrier has not approved this procedure on the right knee. This disapproval has been made on the basis of the fact that the retinacular release will cause more instability in this articulation and that the chondroplasty does not result in long-term improvement of the patellofemoral articulation.

REQUESTED SERVICE

Right knee arthroscopy is requested for this patient.

DECISION

The reviewer disagrees with the prior adverse determination.

BASIS FOR THE DECISION

The reviewer finds that the right knee appears to have very similar pathology as the left knee, which was operated on 03/24/04 by ___. He found a significant chondral tearing in the patella articulating surface and also found evidence of the patellar subluxation. The patient's symptoms were helped by this surgery, bringing the pain level down from a 10 before surgery to a 4 after surgery. The reviewer finds it reasonable to expect the same improvement following the arthroscopic procedure on the right knee. The history points out the fact that the patient is having symptoms of subluxation in the patellofemoral joint and the MRI demonstrates presumptive evidence of chondromalacia of the patella. The reviewer finds that this cold be improved with the proposed arthroscopic surgery.

___ 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 ___, 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 19th day of July, 2004.