

## NOTICE OF INDEPENDENT REVIEW DECISION

**Date:** August 5, 2004

**MDR Tracking #:** M2-04-1597-01

**IRO Certificate #:** 5242

\_\_\_ 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 an Orthopedic Surgeon reviewer (who is board certified in Orthopedic Surgery) who has an ADL certification. 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.

### **Documentation reviewed from provider:**

- Notes and letters from \_\_\_
- IRO Paperwork
- Pre-authorization and appeal decisions
- Designated doctor examination, \_\_\_, 2/12/04
- Right knee MRI, 6/3/03
- Physical Therapy notes.

### **Documentation reviewed from carrier:**

- IRO Paperwork
- Pre-authorization and appeal decisions
- Letters from \_\_\_\_\_

### **Clinical History**

On 6/3/03 MRI of the right knee showed chondromalacia of the patellofemoral compartment along the medial patellar facet, degenerative arthritis in the medial and lateral compartments more evident in the medial compartment with subchondral cystic changes, sclerosis with reactive bone marrow edema. The claimant is status post tibia osteotomy and prior medial and lateral meniscectomies and prior multiple compartment chondroplasty with no evidence of recurrent meniscus tear and with a small posterior horn medial meniscus remnant.

On \_\_\_\_, orthopedic surgeon, noted the claimant had an injury at work at \_\_\_\_ when she was holding the door open for movers and had furniture hit her on her right knee. \_\_\_\_ felt the claimant to have a right knee contusion and prescribed her Vicodin and Celebrex. \_\_\_\_ continued to treat the claimant non-operatively. On 6/6/03 \_\_\_\_ weaned her from a knee immobilizer and started her on physical therapy. On 7/14/03 \_\_\_\_ performed a right knee steroid injection and started her on Vioxx. On 8/27/03 the claimant had continued right knee symptoms with nighttime pain. On 10/24/03, 10/31/03 and 11/7/03 \_\_\_\_ performed a series of 3 Synvisc injections. On 1/23/04 \_\_\_\_ felt the claimant would be a candidate for arthroscopy of the right knee with removal of hardware and Osteochondral Autologous Transfer System procedure for her chondral defect. The past medical history for the claimant is that the claimant is status post high tibial osteotomy and partial medial meniscectomy and microfracture of the medial femoral condyle. On 2/12/04 \_\_\_\_ performed a designated doctor examination and felt the claimant to be at MMI with a 0% whole person impairment. Clinic notes reviewed noted the claimant sustained a job injury on \_\_\_\_ when she was holding the door open for movers and had a stack of furniture fall on the dolly scraping her leg. The claimant's past medical surgical history is notable for on 8/14/03 she is status post right knee arthroscopy, medial and lateral meniscectomy, abrasion chondroplasty, medial femoral condyle chondroplasty and proximal tibial osteotomy by \_\_\_\_\_. She has also had previous surgery on 6/1/00 in which \_\_\_\_ performed surgical arthroscopy with partial lateral medial meniscectomy and chondroplasty. On 4/27/93 \_\_\_\_ performed right knee surgery with partial medial and lateral meniscectomies. On 5/10/04 \_\_\_\_ discussed with the claimant unicompartmental arthroplasty. On 6/21/04 \_\_\_\_ felt the arthroscopy would evaluate her joint and felt that total knee arthroplasty was too early due to her young age.

### **Requested Service(s)**

The medical necessity of arthroscopy of the right knee, removal of hardware, possible osteochondral autograft transfer system of chondral defect.

### **Decision**

I agree with the insurance carrier and find that the services in dispute are not medically necessary.

### **Rationale/Basis for Decision**

The claimant is not a candidate for the procedure recommended by \_\_\_\_\_. The claimant has had 3 previous surgeries including medial and lateral meniscectomies, proximal tibial osteotomy and medial and lateral femoral condyle and patella chondroplasty. The claimant has tricompartmental degenerative joint disease and is not a candidate for osteochondral autograft transfer. The claimant, given her tricompartmental chondromalacia, may be a candidate for total knee arthroplasty, at some point in the future. The claimant, however, is at this time too young for these procedures and should delay in having the procedure as long as possible. Again, given her degree of severity of chondromalacia of the medial compartment, lateral compartment and patellofemoral compartment the claimant is not a candidate for knee arthroscopy and osteochondral autograft transfer.

## **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 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.

In accordance with Commission Rule 102.4 (h), I hereby verify that copy of this Independent Review Organization (IRO) Decision was sent to the patient, the requestor, the insurance carrier, and TWCC via facsimile or U.S. Postal Service from the office of the IRO on this 5<sup>th</sup> day of August 2004.