

November 4, 2004

ROSALINDA LOPEZ
TEXAS WORKERS COMP. COMMISSION
AUSTIN, TX 78744-1609

CLAIMANT:
EMPLOYEE:
POLICY: M2-05-0204-01
CLIENT TRACKING NUMBER: M2-05-0204-01

Medical Review Institute of America (MRIOA) has been certified by the Texas Department of Insurance as an Independent Review Organization (IRO). The Texas Workers Compensation Commission has assigned the above mentioned case to MRIOA for independent review in accordance with TWCC Rule 133 which provides for medical dispute resolution by an IRO.

MRIOA 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. Itemization of this information will follow.

The independent review was performed by a peer of the treating provider for this patient. The reviewer in this case is on the TWCC approved doctor list (ADL). The reviewer has signed a statement indicating they have no known conflicts of interest existing between themselves and the treating doctors/providers for the patient in question or any of the doctors/providers who reviewed the case prior to the referral to MRIOA for independent review.

Records Received:

Records Received from the State:

- Notification of IRO Assignment, dated 10/12/04
- Texas Workers' Compensation Commission, dated 10/12/04
- Medical Dispute Resolution Request/Response, dated 09/29/04
- Determination Note, dated 09/22/04
- Determination Note, dated 09/22/04
- Determination Note, dated 08/19/04
- Reconsideration Process, undated
- Texas Department of Insurance Complaint Process, undated

Records Received from Dr. H

- Progress Note, dated 10/25/04
- Chart Notes, dated 10/11/04
- Texas Workers' Compensation Status Report, dated 10/25/04

- Request for Imaging Study, undated
- Prescription, dated 10/25/04
- Progress Notes, dated 10/25/04
- Progress Notes, dated 09/13/04–10/11/04
- Letter from Dr. H to ____, RN, dated 09/03/04
- Progress Notes, dated 07/12/04–08/23/04
- Imaging Report, dated 09/17/03
- Imaging Report, dated 09/17/03
- Request for MRI, dated 10/11/04
- Texas Workers' Compensation Work Status Report, dated 09/18/04
- Texas Workers' Compensation Work Status Report, dated 08/23/04
- Texas Workers' Compensation Work Status Report, dated 08/09/04
- Texas Workers' Compensation Work Status Report, dated 07/12/04
- Prescription, dated 09/13/04

Records Received from Downs/Stanford:

- Fax Cover Sheet, dated 10/19/04
- Letter from ___ to Medical Review Institute of America, dated 10/19/04
- Determination Note, dated 08/19/04
- Determination Note, dated 09/17/04
- Fax Cover Sheet, dated 10/19/04
- Determination Note, dated 08/19/04
- Determination Note, dated 09/17/04
- Copy of Check, dated 10/18/04

Summary of Treatment/Case History:

This is a 42-year-old male who injured his left knee after a slip and fall on ___ in which his right knee gave out. He was noted to have sustained a rupture of the patellar tendon of the left knee and in 10/03 underwent surgery. He was placed on therapy without relief. The patient was evaluated on 7/12/04. Physical therapy had been discontinued as the insurance carrier denied further therapy. He was not working and remained ambulatory on crutches and used a long leg brace for external support. He was noted to have had surgery to the left knee in 1981 in which some calcification of the left patellar tendon was removed. He also had a history of gouty arthritis. On exam he walked with an antalgic limp with difficulty using two crutches for external support and wearing long leg brace stabilizing his left knee. He complained of constant pain over anterior aspect left knee joint with increasing amount of pain upon flexion of the knee. Without brace and crutches the left knee joint just gives way. He had full range of motion of the left knee joint with considerable palpable and audible crepitation at the patellofemoral level, which was extremely painful. He had no tenderness of the medial and lateral intra-articular line, the ligaments were stable, and McMurray's was negative. He reviewed the 10/1/03 operative report and found it to be very significant, this was partially cut off, but noted minimal softening of the midline of the patella and a small defect in the inferior patellar 3 mm in length and 4 mm deep, which he did not feel was a "small defect". The patient was evaluated again on 8/9/04 who noted that the 10/1/03 surgery involved arthroscopy and open surgery. He was found to have evidence of calcific tendonitis of the patella tendon, a calcified mass over the tibial tubercle and had diagnostic arthroscopy, open exploration of the left patella and patella tendon with debridement of the tendon and drilling of the patella. He reported giving out sensations, swelling and inability to go up and down stairs and difficulty bending or squatting. He had marked weakness of the leg. On exam he had atrophy of the quadriceps and prominence of the

tibial tubercle. Range of motion was 0–125. He had marked tenderness along the patellofemoral joint and pain with compression of the patellofemoral joint. The rest of the note was not provided. Dr. Z met with the rehab nurse on 8/16/04 and recommended arthroscopic evaluation. Dr. H evaluated the patient on 8/23/04. His condition was essentially unchanged. He agreed and strongly recommended the arthroscopic exam if he ever expected to have improvement in the knee joint. He felt that the main deciding factor was not gout, but the considerable erosion of the left patella. The insurance carrier denied the surgery. On 9/13/04 he was diagnosed with patellofemoral joint arthrosis, and internal derangement of the left knee. The insurance company requested a new MRI. On 10/25/04 Dr. Z noted continued marked knee pain. He had tenderness in the patellofemoral joint along the medial femoral condyle. He had not had the MRI.

Questions for Review:

1. Please address medical necessity of proposed arthroscopy, knee, with meniscectomy (medial or lateral), regarding the above mentioned injured worker.

Explanation of Findings:

Question 1: Please address medical necessity of proposed arthroscopy, knee, with meniscectomy (medial or lateral), regarding the above mentioned injured worker.

The proposed arthroscopy with meniscectomy is not recommended as being medically necessary at this time. There is no evidence in these records whatsoever of a tear of the meniscus nor is there a recent MRI. From what can be gathered in the records that were provided the indications proposed by Drs. Z and H for the arthroscopy is just patellar pain as a result of the patient's previous injury and rupture of the patellar tendon. There is no evidence whatsoever that at this point the arthroscopy will make any significant difference in terms of this claimant's patellar or patellofemoral pathology and consequently from the reading of these records there is no indication for a repeat arthroscopy on this patient. There is no MRI evidence of internal derangement of the knee. There is a lot of evidence of patellofemoral disease but again no evidence that the arthroscopy will change that in any significant way.

Conclusion/Decision to Not Certify:

The proposed arthroscopy of the knee, with meniscectomy (medial or lateral) is not recommended as medically necessary.

References Used in Support of Decision:

American Academy of Orthopedic Surgeons, OKU, 7, Chapter 43, pages 498–499

The physician providing this review is board certified in Orthopaedic Surgery. The reviewer is a member of the American Academy of Orthopaedic Surgeons, the American Medical Association, the Pennsylvania Medical Society, and the Pennsylvania Orthopaedic Society. The reviewer is certified in impairment rating evaluations through the Bureau of Workers Compensation. The reviewer has research and publication experience within their field of specialty. This reviewer has been in active practice since 1996.

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

YOUR RIGHT TO REQUEST A HEARING

Either party to the 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 receiving the TWCC chief Clerk of Proceedings within ten (10) days of your receipt of this decision as per 28 Texas 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 as per Texas Admin. Code 102.4 (h) or 102.5 (d). A request for hearing should be sent to:

Chief Clerk of Proceedings
Texas Workers' Compensation Commission
POB 40669
Austin, TX 78704-0012

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

It is the policy of Medical Review Institute of America to keep the names of its reviewing physicians confidential. Accordingly, the identity of the reviewing physician will only be released as required by state or federal regulations. If release of the review to a third party, including an insured and/or provider, is necessary, all applicable state and federal regulations must be followed.

Medical Review Institute of America retains qualified independent physician reviewers and clinical advisors who perform peer case reviews as requested by MRloA clients. These physician reviewers and clinical advisors are independent contractors who are credentialed in accordance with their particular specialties, the standards of the American Accreditation Health Care Commission (URAC), and/or other state and federal regulatory requirements.

The written opinions provided by MRloA represent the opinions of the physician reviewers and clinical advisors who reviewed the case. These case review opinions are provided in good faith, based on the medical records and information submitted to MRloA for review, the published scientific medical literature, and other relevant information such as that available through federal agencies, institutes and professional associations. Medical Review Institute of America assumes no liability for the opinions of its contracted physicians and/or clinician advisors. The health plan, organization or other party authorizing this case review agrees to hold MRloA harmless for any and all claims, which may arise as a result of this case review. The health plan, organization or other third party requesting or authorizing this review is responsible for policy interpretation and for the final determination made regarding coverage and/or eligibility for this case.

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cc: Dallas Fire Insurance Company