



Specialty Independent Review Organization, Inc.

December 23, 2004

Hilda Baker
TWCC Medical Dispute Resolution
7551 Metro Center Suite 100
Austin, TX 78744

Patient:
TWCC #:
MDR Tracking #: M2-05-0439-01
IRO #: 5284

Specialty IRO 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 Specialty IRO for independent review in accordance with TWCC Rule 133.308 which allows for medical dispute resolution by an IRO.

Specialty 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.

This case was reviewed by a licensed Doctor of Osteopathy who is board certified in Orthopedics. The reviewer is on the TWCC ADL. The Specialty IRO 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 Specialty IRO 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

This 52-year old female was injured at work. She works for a school system and one of the file cabinets was going to fall on top of her and she tried to hold it, suffering an injury to her shoulder, neck, and the right knee.

The physical examination of the right knee showed tenderness on the medial and lateral joint line, positive hyper-flexion and Apley test, crepitation patella, pain with forced extension of the patella, and slight effusion. Prior to surgery, the chief complaint was giving away, locking, catching, popping, and grinding.

The X-rays on 09-23-02 revealed tri-compartment osteoarthritis. The MRI on 10-22-02 showed severe tri-compartment osteoarthritic changes, multiple small loose bodies in both the posterior joint, and patello femoral joint, a ganglion lateral, and the meniscus are normal.

The review was of office notes:

- A. Dr. E, DC – 2-17-04 to 10-19-04
- B. Dr. M, MD – 4-18-03 to 11-21-04
- C. Dr. N, MD – 10-14-02
- D. Dr. L, MD – 6-26-03
- E. Bionicare – 7-24-04

Additional material concerning the patient's shoulder and cervical spine injuries are noted, but this review does not relate to those body parts.

REQUESTED SERVICE

The requested service is a right knee arthroscopy, synovectomy, extensor malignment excision, exostosis tibia, abrasions arthroplasty, removal of loose bodies, menisectomy, and meniscus repair.

DECISION

The reviewer disagrees with the previous adverse determination regarding the right knee arthroscopy, abrasions arthroplasty, and removal of loose bodies as they are medically necessary and indicated.

The reviewer agrees with the previous adverse determination regarding the extensor malignment surgery, menisectomy and meniscus repair.

BASIS FOR THE DECISION

The reviewer states this patient has tri-compartment, severe osteoarthritis and is 52 years of age. The MRI showed that the meniscus was normal. The loose bodies were located in the patello-femoral joint and the posterior joint. The original request was for an arthroscopy and chondroplasty. The need for revision surgery to the patello femoral articulation in a tri-compartment arthritis is unnecessary. The chondroplasty for arthritis gives only temporary relief of pain. There are conservative measures that can be used up to the time when the patient will undoubtedly require a total knee replacement. The right knee arthroscopy, abrasions arthroplasty, and removal of loose bodies are medically indicated. The extensor malignment surgery menisectomy and meniscus repair are not approved.

Specialty IRO has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. Specialty IRO has made no determinations regarding benefits available under the injured employee's policy. Specialty IRO believes it has made a reasonable attempt to obtain all medical records for this review and afforded the requestor, respondent and treating doctor an opportunity to provide additional information in a convenient and timely manner.

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

Sincerely,

____, CEO

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.

In the case of prospective *spinal surgery* decision, a request for a hearing must be made in writing and it must be received by the TWCC Chief Clerk of Proceedings within **10** days of your receipt of this decision. (20 Tex. Admin. Code 142.5(c)).

In the case of other *prospective (preauthorization) medical necessity* disputes a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing should be sent to: Chief Clerk of Proceedings, Texas Worker's Compensation Commission, P.O. Box 17787, Austin, TX 78744. The fax number is 512-804-4011. A copy of this decision should be attached to the request.

The party appealing this decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute, per TWCC rule 133.308(u)(2).

Sincerely,

Wendy Perelli, CEO

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 24th day of December, 2004

Signature of Specialty IRO Representative:

Name of Specialty IRO Representative: