



Specialty Independent Review Organization, Inc.

February 28, 2005

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

Patient:
TWCC #:
MDR Tracking #: M2-05-0830-01
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 49 year old male was injured on ___ while working at ___. He struck his right knee on a trailer door. The knee became painful and swollen. The patient had an arthroscopy in April 2000 where there was extensive synovitis, a Grade IV defect of the trochlea, a Grade II of the lateral compartment and patella, a torn medial meniscus. This patient has a co-morbid condition of psoriasis which is not related to the workman's comp injury. The examination on 09/01/2004 reveals that the patient has an effusion of his right knee and the X-ray shows symmetrical joint space narrowing bilaterally. The report of 12/16/2004 reveals a large effusion and a restricted range of motion of 8-90 degrees. The repeat X-rays show the joint space narrowing of both medial and lateral compartments.

Records Reviewed:

Letter – Corvell, 12/27/2004, 01/06/2005

Records from Carrier: Harris & Harris, 02/18/2005.

B. Beavers, MD, 12/02/2004.

Records from Doctor/ Facilities:

D. Litke, MD – Letter, 12/13, 12/16, 12/23/2004.

J. Miller, DC - Letter, 01/10/2005.

R. Jones, MD – Letter, 09/01/2004.

J. Yabraian, MD – OR Report, 04/06/2004.

R. Farrell, MD – MRI, 07/11/2002.

B. MacMasters, MD – Report, 02/01/2005.

REQUESTED SERVICE

The item in dispute is the prospective medical necessity of a right knee arthroscope.

DECISION

The reviewer agrees with the previous adverse determination.

BASIS FOR THE DECISION

This patient's arthroscopy on 04/06/2004 revealed a torn medial meniscus and an exuberant synovitis with chondromalacia of a Grade IV of the trochlea and a Grade II of the patella and lateral compartment. The X-rays on 09/01/2004 showed narrowing of bilateral joint spaces and the same condition was noted on the X-rays of 12/16/2004. There is no evidence that the patient has a new injury according to the medical records reviewed. The psoriasis appears to be affecting the left knee with the narrowing of the joint spaces and the fact that the patient had exuberant synovitis. The patient's complaint is joint pain with recurrent effusion and does not appear to be a direct result of his work injury of ____.

Campbell's OPERATIVE ORTHOPEDICS, 10th Edition.

Insall, John et al – SURGERY OF THE KNEE, 2nd Edition.

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,

Wendy Perelli, 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 _____28th_____ day of _____February_____, 2005 ____

Signature of Specialty IRO Representative:

Name of Specialty IRO Representative: Wendy Perelli