



Specialty Independent Review Organization, Inc.

March 21, 2005

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

Patient:  
TWCC #:  
MDR Tracking #: M2-05-1002-01  
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 35-year-old male injured his left knee on \_\_\_\_\_. The information supplied was basically post-operative. The patient had a left knee arthroscopy on 02/03/2004. The surgery was a partial medial and lateral meniscectomy, extensor realignment, synovectomy, and removal of a loose body.

Following surgery the patient continued to have popping and giving away. The pain is worse at night and the patient is using NSAIDs. The physical examination on 11/08/2004 revealed that the patient has full extension and flexion of the left knee, medial and lateral joint line tenderness,

and no crepitation. In this same report, three lines above this statement, it is stated that the patient has crepitation. On the progress note of 4/08/2004, it is reported that the patient had a right knee arthroscopy on 02/03/2004.

Apparently Dr. McConnell has a computer program and the progress note called "Operation Report" consisted of 57 pages with minimal information relative to the knee surgery. In the post-op visits, the computer program consisted of a 42-page report and the majority of the reports are over 12 pages in length filled with information involving the entire person and essentially no information, which is relative to the pathology. On a report of 5/25/2004, it is stated: Inspection and/or palpation – no obvious abnormalities in alignment, symmetry, defects, tenderness, masses, or effusion. Range of motion: No obvious abnormalities in pain, crepitation, contracture, or limitation of motion. Stability: No obvious abnormalities in dislocation, subluxation, or laxity. Right Knee tender over medial and lateral joint line, moderate effusion, and patella tracking laterally.

Records Reviewed:

Letter: Wausau, 12/27/2004 and 1/07/2005.

Records from Carrier:

Wausau Letter, 2/17/2005.

Case Report, 12/27/2004 and 1/05/2005.

Bionicare, 12/07/2004 and 12/30/2004.

J. McConnell, MD – 11/08/2004.

Records from Doctor/Facility:

J. McConnell, MD – 1/20/2004 through 11/08/2004.

#### REQUESTED SERVICE

The item in dispute is the prospective medical necessity of a Bio-1000 system.

#### DECISION

The reviewer agrees with the previous adverse determination.

#### BASIS FOR THE DECISION

This patient had a left knee arthroscopy with a partial medial and lateral menisectomy. There is no mention of any chondromalacia or any mention of arthritis. In the confusing reports, the patient supposedly had a right knee arthroscopy on the same date, but on the 57 page "operative note" it is stated that the left knee had an arthroscopy. In all of the reports following this from Dr. McConnell, there is no mention of degenerative changes to the knee. On some of the reports it states there is no crepitus and within 2-3 lines it states there is crepitus.

The Bio-1000 System was approved in 2003 by the FDA for an adjunctive treatment for osteoarthritis of the knee. In the information supplied, there is a scientific article and also information from Bionicare. But due to the information supplied the Bio-1000 System is denied.

*Bionicare Letter: 12/07/2004.*

*Campbell's Operative Orthopedics, 10<sup>th</sup> Edition.*

*Brotzman & Wilk – CLINICAL ORTHOPEDIC REHABILITATION, 2<sup>nd</sup> 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 22<sup>nd</sup> day of March 2005.**

**Signature of Specialty IRO Representative:**

**Name of Specialty IRO Representative:      Wendy Perelli**