



Specialty Independent Review Organization, Inc.

June 3, 2005

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

Patient:
TWCC #:
MDR Tracking #: M2-05-1295-01
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 with a specialty 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 43 year old male injured his right knee on ___ while working in an oil field for Mustang Drilling Company. Following the twisting injury, his knee swelled and began giving away. He tried to continue to work, but had considerable pain, instability, and giving away. The patient denies any prior knee problems. The patient did not respond to conservative care and underwent a right knee arthroscopy, partial medial menisectomy, and debridement of the medial femoral condyle.

The patient improved after surgery for a short time and then developed pain in his knee. The patient has undergone multiple series of Synvisc Injections, two times in 1999, December 2002, and June 2004 for a total of four. He has changed jobs and has been working for a different company, but he is at a point where he cannot kneel, climb stairs, or squat because of the pain.

The physical examination revealed marked degeneration and deformity of the medial compartment with crepitus of the medial joint and patella. The patient has no instability and the range of motion is 0-135 degrees. As of 2/2005 the patient is using a cane for ambulation.

RECORDS REVIEWED

Records from Doctor/Facility:

Azalae Ortho & SM Letters – 1/14, 2/12, 3/28/05.

ER Report – 3/18/05.

Additional Records from Doctor/Facility;

Azalae Ortho & SM Letters – 2/25/02 through 6/23/04.

East TX Ortho Letters – 7/20/1998 through 5/9/2001.

Op Note – 8/06/1998.

PT Services Note – 7/30/01.

Active Rehab Note – 9/24/1997.

REQUESTED SERVICE

The requested service is an inpatient right knee arthroscopy with unispacer arthroplasty.

DECISION

The reviewer disagrees with the previous adverse determination.

BASIS FOR THE DECISION

This is a young patient of 43 years of age. He has two compartments of degenerative arthritis. The weight bearing joint of the medial compartment has degenerative arthritis and the lateral compartment is unremarkable. The patient is a prime candidate for surgery involving the medial compartment only. A procedure of using a unispacer is very beneficial for this type of patient since it does not involve any cuts of the bone and can later be converted to a total knee. The patient's involvement is basically one compartment.

REFERENCES

Campbell's Operative Orthopedics, 10th Edition.

Insall, J: SURGERY OF THE KNEE, 2nd Edition.

Chapman, M: ORTHOPEDIC SURGERY, 3rd 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 3rd day of June 2005

Signature of Specialty IRO Representative:

Name of Specialty IRO Representative: Wendy Perelli