

IRO America Inc.

An Independent Review Organization

(IRO America Inc. was formerly known as ZRC Services Inc. DBA ZiroC)

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August 8, 2005

TWCC Medical Dispute Resolution

Fax: (512) 804-4868

Patient: _____

TWCC #: _____

MDR Tracking #: M2-05-1722-01

IRO #: 5251

IRO America Inc. (IRO America) has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission (TWCC) has assigned this case to IRO America for independent review in accordance with TWCC Rule 133.308 which allows for medical dispute resolution by an IRO.

IRO America 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.

The independent review was performed by a matched peer with the treating doctor; the Reviewer is a credentialed Panel Member of IRO America's Medical Knowledge Panel who is a licensed MD, board certified and specialized in Orthopedic Surgery. The reviewer is on the TWCC Approved Doctor List (ADL).

The IRO America Panel Member/Reviewer is a health care professional who 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 IRO America for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

RECORDS REVIEWED

Notification of IRO assignment, information provided by Requestor, Respondent, and Treating Doctor(s) including:

Medical Dispute Resolution Request/Response 06/06/05

Office note of Dr. Dang 03/14/05

Office note from Dr. Dang 03/14/05

Physical therapy note 03/14/05

MRI right knee 03/17/05

Office note of Dr. Boone 03/29/05

Peer review 04/06/05
Letter from Dr. Boone 04/08/05
Peer review 04/18/05
Letter from Dr. Boone 04/21/05
Office note of Dr. Levy 04/25/05
UR manager, Corvel 06/07/05
Letter from Mr. Finch (law office) 06/10/05
Letter from attorney 06/24/05

CLINICAL HISTORY

This 46-year old male laborer slipped on ___ and twisted his right knee resulting in a twisting injury. Physical examination by Dr. Dang on 03/14/05 revealed full range of motion, mild effusion, a negative Lachman's and positive McMurray's testing. The 03/17/05 MRI revealed chronic degenerative changes involving the medial and lateral compartment and the undersurface of the patella. A small osteochondral defect, discord degenerative meniscal changes and a joint effusion was also noted. The MRI revealed the anterior and posterior cruciate ligament to be intact, as well as the medial collateral ligament and the lateral collateral complex. The anterior and posterior horn of the lateral meniscus demonstrated normal configuration, and the menisci were noted to have diffuse menisci degenerative changes. X-rays revealed degenerative joint disease involving the medial joint space, and osteophytic changes involving the undersurface of the patella with a possible loose body within the joint space medially.

Dr. Boone evaluated the claimant on 03/29/05 and documented that the MRI showed a grade III tear of the medial meniscus and a probable torn anterior cruciate ligament, as well as a grade II tear of the lateral meniscus. Dr. Boone recommended an operative arthroscopy with anterior cruciate ligament reconstruction.

DISPUTED SERVICE(S)

Under dispute is the prospective and/or concurrent medical necessity of Right knee arthroscopy with anterior cruciate ligament reconstruction in an outpatient setting.

DETERMINATION/DECISION

The Reviewer agrees with the determination of the insurance carrier.

RATIONALE/BASIS FOR THE DECISION

The records received on this claimant show a discrepancy between the radiologist's interpretation of the MRI and Dr. Boone's interpretation. The report from the MRI revealed the anterior and posterior cruciate ligaments to be intact. Documentation from office visits with Dr. Boone fail to identify the range of motion, McMurray's testing, or definitive signs or symptoms of instability on physical examination. The last documentation regarding treatment of the claimant is now greater than four months old without any recent records to report on the current clinical status. Based on the clinical documentation provided and without the benefit of physician contact, the requested arthroscopy with anterior cruciate ligament reconstruction cannot be recommended. There is a lack of clinical indication showing instability of the knee, and the medical necessity for the procedure is not substantiated by objective findings.

Screening Criteria

1. Specific:

DeLee & Drez’s Orthopaedic Sports Medicine Principles and Practice, Volume Two, 2nd Edition, Chapter 28, Knee, pages 2017-2018.

2. General:

In making his determination, the Reviewer had reviewed medically acceptable screening criteria relevant to the case, which may include but is not limited to any of the following: Evidence Based Medicine Guidelines (Helsinki, Finland); Texas Medical Foundation: Screening Criteria Manual (Austin, Texas); Texas Chiropractic Association: Texas Guidelines to Quality Assurance (Austin Texas); Texas Medical Foundation: Screening Criteria Manual (Austin, Texas); Mercy Center Guidelines of Quality Assurance; any and all guidelines issued by TWCC or other State of Texas Agencies; standards contained in Medicare Coverage Database; ACOEM Guidelines; peer-reviewed literate and scientific studies that meet nationally recognized standards; standard references compendia; and findings; studies conducted under the auspices of federal government agencies and research institutes; the findings of any national board recognized by the National Institutes of Health; peer reviewed abstracts submitted for presentation at major medical associates meetings; any other recognized authorities and systems of evaluation that are relevant.

CERTIFICATION BY OFFICER

IRO America has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. IRO America has made no determinations regarding benefits available under the injured employee’s policy.

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

IRO America is forwarding by mail or facsimile, a copy of this finding to the TWCC, the Injured Employee, the Respondent, the Requestor, and the Treating Doctor.

Sincerely,
IRO America Inc.

Dr. Roger Glenn Brown
President & Chief Resolutions Officer

Cc: [Claimant]

C. Robert Boone
Fax: 281-332-1560

TML/ FOL
Attn: Annette Moffett
Fax: 512-867-1733

YOUR RIGHT TO REQUEST A HEARING

Either party to medical dispute may disagree with all or part of the 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 received by the TWCC Chief Clerk of Proceedings within **10** (ten) calendar days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

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 **20** (twenty) calendar days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

This decision is deemed received by you 5 (five) days after it was mailed or the date of fax (28 Tex. Admin. Code 102.5(d)). A request for a hearing and a **copy of this decision** must be sent to:

Chief Clerk of Proceedings / Appeals Clerk
P.O. Box 17787
Austin, Texas 78744
Fax: 512-804-4011

The party appealing this decision shall deliver a copy of its written request for a hearing to other party involved in this dispute.

Name/signature

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 8th day of August 2005.

Name and Signature of Ziroc Representative:

Sincerely,

IRO America Inc.



Dr. Roger Glenn Brown

President & Chief Resolutions Officer