

June 16, 2005

REBECCA FARLESS  
TEXAS WORKERS COMP. COMMISSION  
AUSTIN, TX 78744-1609

CLAIMANT: \_\_\_  
EMPLOYEE: \_\_\_  
POLICY: M2-05-1785-01 /  
CLIENT TRACKING NUMBER: M2-05-1785-01 / 5278

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Medical Review Institute of America (MRIOA) has been certified by the Texas Department of Insurance as an Independent Review Organization (IRO). The Texas Workers Compensation Commission has assigned the above mentioned case to MRIOA for independent review in accordance with TWCC Rule 133 which provides for medical dispute resolution by an IRO.

MRIOA 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. Itemization of this information will follow.

The independent review was performed by a peer of the treating provider for this patient. The reviewer in this case is on the TWCC approved doctor list (ADL). The reviewer has signed a statement indicating they have no known conflicts of interest existing between themselves and the treating doctors/providers for the patient in question or any of the doctors/providers who reviewed the case prior to the referral to MRIOA for independent review.

**Records Received:**

Records received from TWCC:

Notification of IRO assignment dated 5/24/05, 6 pages  
Notification of utilization review findings dated 5/3/05, 2 pages  
Notification of utilization review findings dated 4/25/05, 2 pages

Records received from Respondent:

Letter from State Office of Risk Management dated 6/7/05, 1 page  
Letter from Texas Workers' Compensation Commission dated 5/24/05, 1 page  
Medical dispute resolution request/response form, date stamp from respondent 5/19/05, 3 pages  
Operative report dated 1/3/05, 2 pages

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Texas Workers' Compensation work status report dated 11/30/04, 1 page  
Disclosure and consent medical and surgical procedures risks and hazards dated 11/30/04, 1 page  
Outpatient order form, undated, 1 page  
Outpatient surgery form dated 11/30 (year illegible), 1 page  
MRI of left knee report dated 11/23/04, 1 page  
Fax coversheet from No Bones About It dated 11/30/04, 1 page  
Notice of employee's work-related injury/illness form dated 11/18/04, 2 pages  
Chest x-ray report dated 12/30/04, 1 page  
Office notes dated 11/22/04 and 11/23/04, 2 pages  
Notice of utilization review findings dated 4/12/05, 3 pages  
Case notes, various dates, 5 pages  
Preauthorization peer review form dated 4/11/05, 1 page  
Fax coversheet from No Bones About It dated 4/7/05, 1 page  
Office reports dated 11/30/04 through 4/28/05, 13 pages  
Forte recommendation dated 12/20/04, 1 page  
Forte letter of agreement dated 4/7/05, 1 page  
WC notes dated 11/23/04 through 3/3/05, 1 page  
Notice of intent to issue an adverse determination dated 4/11/05, 1 page  
Notice of utilization review findings dated 4/18/05, 3 pages  
Letter from Forte dated 4/18/05, 1 page  
Notice of utilization review findings dated 4/15/05, 3 pages  
Fax coversheet from No Bones About It dated 4/12/05, 1 page  
Office note for MRI examination, dated 4/6/05, 1 page  
Acknowledgement of reconsideration request dated 4/12/05, 1 page  
Forte letter of agreement dated 4/12/05, 1 page  
Rehabilitation exercise program form dated 1/31/05 through 2/21/05, 1 page  
Treatment plans dated 2/16/05 and 2/21/05, 2 pages

Records received from Requestor:

Office reports dated 2/15/05 through 4/28/05, 11 pages  
Operative report dated 1/3/05, 2 pages  
Office note for MRI examination, dated 4/6/05, 1 page

**Summary of Treatment/Case History:**

This patient is a 30 year old female who twisted her left knee going down steps on \_\_\_\_\_. She had subsequent pain and swelling, and on 11-23-04 she had an MRI that demonstrated tears of the medial and lateral meniscus and arthritic changes in all 3 compartments of her knee. On 1-3-05 she had arthroscopy of her left knee with medial and lateral menisectomy, abrasion arthroplasty of medial and lateral compartments and patello-femoral region. She also had medial and lateral plica resections. Postoperatively she began physical therapy on 1-31-05, and it was noted that her knee was swollen. She made some progress in physical therapy, but swelling was persistent. On or about 2-23-05 it appears her knee was aspirated, and she was diagnosed with overuse synovitis on 3-31-05 and was placed on Mobic. She has been returned to light duty work.

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**Questions for Review:**

Please address prospective medical necessity of the proposed MRI of left knee, regarding the above-mentioned injured worker.

**Explanation of Findings:**

There is no clinical rationale in the records reviewed regarding indicators for repeat MRI. This patient has an arthritic knee that was documented at surgery, and is post medial and lateral meniscectomy and abrasion arthroplasty of all three knee compartments. She had physical therapy from 1-31-05 to 2-21-05 with some improvement, but persistent swelling was noted throughout physical therapy treatment. Her knee was aspirated by Dr. McDonald post therapy. There is no procedure note in the chart describing the aspiration procedure or the appearance of the joint fluid. There is no documentation of fluid analysis or culture and sensitivity. There is no differential diagnosis presented that would indicate the need for a repeat MRI. It would not be uncommon to have a persistent effusion in an arthritic knee post arthroscopy, particularly if the patient is weight bearing. Documentation is needed from Dr. McDonald as to the clinical indicators for a repeat MRI.

**Conclusion/Decision to Not Certify:**

I agree with the insurance carrier that the above study is not medically necessary.

**Applicable Clinical of Scientific Criteria or Guidelines Applied in Arriving at Decision:**

Internal chart evidence.

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The physician providing this review is board certified in Orthopedic Surgery. The reviewer holds additional certification from the American Board of Orthopaedic Surgery. The reviewer has served in capacity of executive committee member, credentials committee, chairman of the surgery department, board of directors and quality boards at various hospitals and medical centers. The reviewer currently serves as the Chief of Orthopedic Surgery at a VA Medical Center. The reviewer has been in active practice since 1970.

MRIOA is forwarding this decision by mail, and in the case of time sensitive matters by facsimile, a copy of this finding to the treating provider, payor and/or URA, patient and the TWCC.

**YOUR RIGHT TO REQUEST A HEARING**

Either party to the medical dispute may disagree with all or part of this 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 receiving the TWCC chief Clerk of Proceedings within ten (10) days of your receipt of this decision as per 28 Texas Admin. Code 142.5.

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 twenty (20)

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days of your receipt of this decision as per Texas Admin. Code 102.4 (h) or 102.5 (d). A request for hearing should be sent to:

Chief Clerk of Proceedings  
Texas Workers' Compensation Commission  
POB 40669  
Austin, TX 78704-0012

A copy of this decision should be attached to the request. The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute

It is the policy of Medical Review Institute of America to keep the names of its reviewing physicians confidential. Accordingly, the identity of the reviewing physician will only be released as required by state or federal regulations. If release of the review to a third party, including an insured and/or provider, is necessary, all applicable state and federal regulations must be followed.

Medical Review Institute of America retains qualified independent physician reviewers and clinical advisors who perform peer case reviews as requested by MRIOA clients. These physician reviewers and clinical advisors are independent contractors who are credentialed in accordance with their particular specialties, the standards of the American Accreditation Health Care Commission (URAC), and/or other state and federal regulatory requirements.

The written opinions provided by MRIOA represent the opinions of the physician reviewers and clinical advisors who reviewed the case. These case review opinions are provided in good faith, based on the medical records and information submitted to MRIOA for review, the published scientific medical literature, and other relevant information such as that available through federal agencies, institutes and professional associations. Medical Review Institute of America assumes no liability for the opinions of its contracted physicians and/or clinician advisors. The health plan, organization or other party authorizing this case review agrees to hold MRIOA harmless for any and all claims which may arise as a result of this case review. The health plan, organization or other third party requesting or authorizing this review is responsible for policy interpretation and for the final determination made regarding coverage and/or eligibility for this case.

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CC: Craig McDonald, MD  
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