

NOTICE OF INDEPENDENT REVIEW DECISION

September 14, 2005

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Requestor

Teresa Rousseau, DC
7716 Ferguson Road
Dallas, TX 75228

Respondent

Insurance Co. of the State of PA
c/o Flahive Ogden & Latson
ATTN: Kelly Pinson
Fax#: (512) 867-1729

RE: Injured Worker:
MDR Tracking #: M2-05-1951-01
IRO Certificate #: IRO4326

The Texas Medical Foundation (TMF) has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to TMF for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

TMF has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a matched peer with the treating health care professional. This case was reviewed by a health care professional licensed in Chiropractic Medicine. TMF's health care professional has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to TMF for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This 38 year-old male injured his right knee and back on ___ in a work-related motor vehicle accident. He has been treated with medications and therapy.

Requested Service(s)

Right knee arthroscopy, synovectomy, and meniscectomy

Decision

It is determined that there is no medical necessity for the right knee arthroscopy, synovectomy, and meniscectomy to treat this patient's medical condition.

Rationale/Basis for Decision

Medical record documentation indicates a consult from this patient's surgeon revealing major surgical indications. It reports pain not relieved by conservative treatment, limited activities of daily living such as walking distance, sports, ability to work and pain beginning to require narcotic

medication use. It also reports a prominent limp, symptoms of instability, catching and/or locking pain with stair climbing or rising from a chair and pivoting, a positive Apley's exam, and crepitation. The designated doctor's report five days later reports no exam finding as reported by the proposed surgeon. He was not using an assistive device and his gait was normal. He was able to sit and rise from a chair without difficulty and movement on the exam table was normal. Orthopedic tests were normal and there were no signs of pain on palpation, locking, popping, clicking, crepitation, edema, erythema, infection, ecchymosis or cyanosis of the right knee. There seems to be a discrepancy in these two exam findings.

Based on the most current information, there is no clinical justification for this patient to receive a right knee arthroscopy, synovectomy, and meniscectomy. National treatment guidelines require more objective findings than is currently present to warrant surgical intervention. Therefore, the right knee arthroscopy, synovectomy, and meniscectomy are not medically necessary to treat this patient's medical condition.

This decision by the IRO is deemed to be a TWCC decision and order.

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.

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 hearing and a **copy of this decision** must be sent to: Chief Clerk of Proceedings/Appeals Clerk, Texas Workers' Compensation Commission, 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 all other parties involved in this dispute.

Sincerely,



Gordon B. Strom, Jr., MD
Director of Medical Assessment

GBS:dm

Attachment

cc: Injured Worker
Program Administrator, Medical Review Division, TWCC

In accordance with Commission Rule 102.4 (h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on this 14th day of September 2005.

Signature of IRO Employee:

Printed Name of IRO Employee:

Information Used by TMF in Decision

Patient Name:

TWCC ID #: M2-05-1951-01

Medical record documentation provided:

- **Progress Notes**
- **Peer Review**
- **Diagnostic Tests**