

IRO America Inc.

An Independent Review Organization

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November 2, 2005

TDI-DWC Medical Dispute Resolution

Fax: (512) 804-4868

Patient: _____
TDI-DWC #: _____
MDR Tracking #: M2-05-1967-01
IRO #: 5251

IRO America Inc. (IRO America) has been certified by the Texas Department of Insurance as an Independent Review Organization. The TDI, Division of Workers' Compensation (DWC) has assigned this case to IRO America for independent review in accordance with DWC 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 DWC 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 the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent, or any of the treating doctors or insurance carriers health care providers who reviewed the case for decision before 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, records from the Requestor, Respondent, and Treating Doctor(s), including:

- Office notes, Dr. Sweeney, 03/18/03, 04/01/03, 07/08/03, 05/01/03, 10/14/03, 11/11/03, and 09/28/04
- 10/06/04, 10/12/04, 10/28/04, 11/04/04, 12/07/04, 10/04/05, 03/09/05, 05/09/05, and 07/13/05
- Genex letter of denial, 12/01/04
- Independent Medical Evaluation, Dr. Kiellor, 04/28/05

CLINICAL HISTORY

The Patient is a 33 year female injured on ___ with a reported left knee injury. The 10/04 MRI of the left knee demonstrated slight effusion, and a grade one medial collateral ligament sprain. The physician noted that clinically The Patient was symptomatic to the left knee medial plica band and recommended an arthroscopic debridement. The request for surgery was initially denied by the adjuster on 11/04/04 and by peer review on 12/01/04 with the examiner noting the MRI was negative for a plica band injury. On 12/07/04 the treating physician recommended a repeat MRI with special attention to the medial plica; this request was also denied.

The Patient attended an Independent Medical Evaluation on 4/28/05. The examiner opined the original MRI correlated with his physical examination and noted the diagnosis as pes anserine bursitis, and an inflammatory reaction of the medial collateral ligament. He was unable to explain why the ligament was not healed after so many months, but indicated a second MRI would be appropriate after The Patient's pregnancy. However, did not agree that surgery for plica band debridement was needed. On 5/13/05 the second peer review denial was issued. On the subsequent office visits, 5/09/05 and 7/13/05 the treating physician noted he agreed with the diagnosis of per anserine bursitis, but disagreed The Patient did not have, and was still symptomatic to her medial plica. He noted that the Independent Medical Evaluation examiner agreed on the repeat MRI after The Patient's child was delivered and maintained he would continue to support an appeal for arthroscopic surgery for the medial plica band debridement.

DISPUTED SERVICE(S)

Under dispute is prospective and/or concurrent medical necessity of Arthroscopy knee, synovectomy and long term disability sep proc.

DETERMINATION/DECISION

The Reviewer agrees with the determination of the insurance carrier.

RATIONALE/BASIS FOR THE DECISION

The Reviewer has reviewed the medical records regarding this patient. Briefly, The Patient is a 33 year-old female who sustained a reported left knee injury on ___. a diagnosis was made consistent with a medial collateral ligament sprain. A treating physician noted that The Patient had tenderness over the medial plica and recommended surgery. This request was denied. An Independent Medical Evaluation was performed on 04/28/05 which confirmed ligament strain and lack of an operative lesion. A concurrent diagnosis of Pesan Serine bursitis was made. The Independent Medical Evaluator did not agree that surgery was required. On 05/13/05 a second peer review denial was issued. On 05/09/05 and 07/13/05 the treating physician noted that he agreed with the diagnosis of Pesan Serine bursitis but persisted in stating that The Patient was symptomatic with her medial plica.

The Reviewer is asked to resolve a dispute regarding whether the arthroscopic synovectomy and left plica band debridement is medically necessary. Based on the review of the medical records The Reviewer does not believe that the left plica band and arthroscopic synovectomy is medically necessary. This diagnosis is inconsistent with The Patient's reported injury. A plica is a congenital synovial remnant and not a post-traumatic diagnosis. The Reviewer believes The Patient's true diagnosis as a result of the injury was a medial collateral ligament strain. It is likely The Patient later developed pes anserine bursitis. Often, the diagnosis of a symptomatic plica can be mistaken in the presence of a medial collateral ligament injury since the tenderness is in close proximity. However, The Reviwer would maintain that the

true injury was a medial collateral ligament strain since the MRI following the injury was consistent with this. If The Patient had a pre-existing plica which was symptomatic, the MRI would likely have some evidence of that without evidence of a medial collateral ligament injury. Even if The Patient did have a symptomatic plica, this is a diagnosis of exclusion. It is quite rare that a patient ever requires surgery for a plica. Most patients with symptoms referable to a plica will respond to non-operative measures and in general at least six months of conservative non-operative treatment is required prior to undertaking surgery for this. It is notable in this case that Dr. Sweeney is requesting a plica debridement only one month following her injury.

In this case, an Independent Medical Evaluator failed to find any evidence of a symptomatic plica and also agreed that the surgery was not indicated. This has also been rejected on two prior peer reviews.

In summary, The Reviewer believes The Patient sustained a medial collateral ligament strain and later developed Pesan Serine bursitis. A plica is not a post-traumatic diagnosis and there is no radiological evidence or independent evidence outside of Dr. Sweeney's examination that The Patient has a symptomatic plica. The injury with a subsequent medial collateral ligament strain should be managed non-operatively and symptoms would be expected to be self-limited and improved with therapy in a home exercise program. The Reviewer does not believe that the injury has any relation to a symptomatic plica on the basis of the medical information provided as well as the MRI. Also, The Reviewer does not believe that a further MRI is indicated and The Reviewer has extensive experience in the management of knee injuries and has yet to evaluate a patient with a post-traumatic plica syndrome. The Reviewer, therefore, cannot justify supporting the surgery as a result of the injury sustained ____.

Screening Criteria

1. Specific:

AAOS, Orthopedic Knowledge Update 8, Koval, editor A.R. Vaccaro: Chapter 37, page 453

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 DWC or other State of Texas Agencies; standards contained in Medicare Coverage Database; ACOEM Guidelines; peer-reviewed literature 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 DWC, 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]

Insurance Company of the State of PA/FOL
Attn: Kelly Pinson
Fax: 512-867-1729

Francis Michael Sweeney
Fax: 956-664-9140

Your Right To Appeal

If you are unhappy with all or part of this decision, you have the right to appeal the decision. The decision of the Independent Review Organization is binding during the appeal process.

If you are disputing the decision (other than a spinal surgery prospective decision), the appeal must be made directly to a district court in Travis County (see Texas Labor Code §413.031). An appeal to District Court must be filed not later than 30 days after the date on which the decision that is the subject of the appeal is final and appealable. If you are disputing a spinal surgery prospective decision, a request for a hearing must be in writing and it must be received by the Division of Workers' Compensation, Chief Clerk of Proceedings, within ten (10) days of your receipt of this decision.

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

I hereby certify, in accordance with DWC Rule 102.4 (h), that a copy of this Independent Review Organization decision was sent to the carrier, requestor, patient (and/or the patient's representative) and the DWC via facsimile, U.S. Postal Service or both on this 2nd day of November, 2005.

Name and Signature of IRO America Representative:

Sincerely,

IRO America Inc.



Dr. Roger Glenn Brown

President & Chief Resolutions Officer