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NOTICE OF INDEPENDENT REVIEW DECISION

Date: September 16, 2005

Requester/ Respondent Address:

DWC
Attention: Rebecca Farless
7551 Metro Center Drive, Suite 100, MS-48
Austin, TX 78744-1609

F. J. Guerra, MD
Fax: 915-594-9988
Phone: 915-594-4000

James Bean, MD
Fax: 915-534-5220
Phone: 915-553-7465

Ward North America
Attn: Roberta Cole
Fax: 915-533-4999
Phone: 915-533-4911

RE: Injured Worker:

MDR Tracking #: M2-05-2308-01

IRO Certificate #: IRO 5263

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

Forté 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 an Orthopedic Surgeon reviewer (who is board certified in orthopedic surgery) who has an ADL certification. The physician reviewer 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 for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Submitted by Requester/Claimant:

- Clinic notes from Dr. Bean, orthopedic surgeon, dated 6/6/05 through 8/29/05

Submitted by Respondent:

- Clinic note from The Doctors In Clinic dated 4/15/05
- Right ankle and right knee x-ray reports dated 4/15/05
- Clinic note from The Doctors In Clinic dated 4/19/05
- MRI report of right knee dated 4/28/05
- Clinic note from The Doctors In Clinic dated 5/5/05
- Initial physical therapy note dated 5/11/05
- Clinic note from The Doctors In Clinic dated 5/26/05
- Clinic notes from Dr. Bean, orthopedic surgeon, dated 6/6/05 through 8/29/05

Clinical History

On ____, the patient tripped and fell while running and sustained injury to his right knee, right elbow and right ankle. His residual symptoms were localized to the right knee. His clinical evaluation included clinical examination and MRI of the right knee.

On 4/28/05, MRI of the right knee showed subcutaneous edema and contusion on the anterior aspect of the knee. There was no evidence of bony contusion or internal derangement. The cruciate and collateral ligaments were intact. There was no evidence of meniscus tear.

From 6/6/05 through 8/29/05, Dr. Bean, orthopedic surgeon, noted the patient had symptoms of pain, intermittent catching and pain localized to the medial aspect of the joint with swelling. His clinical examination was notable for tenderness along the medial femoral condyle and posterior medial joint line. The patient had positive McMurray's examination. The patient had a full course of therapy, activity modification and steroid injection. KT1000 test showed no evidence of ligamentous laxity.

Requested Service(s)

Right knee diagnostic arthroscopy with medial meniscectomy and chondroplasty

Decision

I disagree with the insurance carrier and find that the requested services are medically necessary.

Rationale/Basis for Decision

On ____, the patient was running when he tripped and fell onto his right knee. He incurred soft tissue contusion to the anterior aspect of the right knee. He had a positive clinical examination for tenderness along the medial joint line and positive McMurray. The patient has had a full course of non-operative treatments. The patient has mechanism of injury, duration of symptoms, catching, pain and swelling and positive clinical examination and failure of non-operative treatments. He is a candidate for right knee diagnostic arthroscopy, meniscectomy and chondroplasty.

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.

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.

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 patient, the requestor, the insurance carrier, and DWC via facsimile or U.S. Postal Service from the office of the IRO on this 16th day of September 2005.

Signature of IRO Employee:

Printed Name of IRO Employee: Denise Schroeder