



Specialty Independent Review Organization, Inc.

January 5, 2005

TWCC Medical Dispute Resolution
7551 Metro Center Suite 100
Austin, TX 78744

Patient:
TWCC #:
MDR Tracking #: M2-05-0546-01
IRO #: 5284

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

Specialty IRO 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.

This case was reviewed by a licensed Doctor of Osteopathy who is board certified in Orthopedics. The reviewer is on the TWCC ADL. The Specialty IRO health care professional 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 Specialty IRO for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

CLINICAL HISTORY

This 69-year old female injured her right knee on _____. The patient was working as a waitress at _____ when she tripped and fell. She slipped on a slick floor and suffered a twisting injury to her right knee. An MRI of the right knee on 08 / 05 / 2003 showed degenerative changes of the lateral meniscus with a tear. Surgery was carried out on 09 / 25 / 2003 with a right knee arthroscopy, medial and lateral meniscectomy, chondroplasty, and micro-fracture medial femoral condyle. At surgery the gross pathology reported a degenerative torn medial and lateral meniscus and a 1x1 cm Stage IV chondromalacia medial femoral condyle.

Following the surgery, the patient continued to have pain, swelling, catching, locking, and giving away of the knee. A repeat MRI was done on 12 / 20 / 2003 that showed a cleavage tear of the posterior horn of the lateral meniscus, prior partial medial meniscectomy with irregular free

margin, chondromalacia medial knee joint with narrowing of the articular cartilage, and joint effusion.

The examination of 01 / 14 / 2004 reports a restricted range of motion with flexion 90 degrees and lacking complete extension. There is a 2-inch atrophy of the thigh and an antalgic gait.

Reviewed Material:

1. Med Insights: 01 / 23 / 2004 to 11 / 04 / 2004.
2. Notes of Dr. G, MD: 01 / 23 / 2004.
3. Notes of Dr. S, MD: 11 / 15 / 2003 to 01 / 27 / 2004.
4. Functional Capacity, Dr. R, MD: 01 / 14 / 2004.
5. PT Notes: 11 / 09 / 2004 to 12 / 05 / 2004.

REQUESTED SERVICE

The requested service is a right total knee replacement procedure.

DECISION

The reviewer agrees with the previous adverse determination.

BASIS FOR THE DECISION

From the operative report, the area on the medial femoral condyle was a 1 cm square chondromalacia that was treated with a micro-fracture. Also, at surgery the patient had a partial medial and lateral meniscectomy. According to a repeat MRI on 12 / 20 / 2003, there was a tear of the posterior horn of the lateral meniscus. The symptoms following the patient's 09 / 25 / 2003 surgery were pain, swelling, catching, locking, and giving away. These symptoms are of a torn meniscus. There is no evidence of Stage III degenerative arthritis of the right knee to recommend a total knee replacement. With the atrophy of 2 inches of her thigh, the patient has a very weak right leg and some of her pain and swelling can be related to this.

References:

1. Insall, John – SURGERY OF THE KNEE, 2nd Edition
2. Campbell's OPERATIVE ORTHOPEDICS, 10th Edition
3. Brotzman & Wilk – CLINICAL ORTHOPEDIC REHABILITATION, 2nd Edition

Specialty IRO has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. Specialty IRO has made no determinations regarding benefits available under the injured employee's policy. Specialty IRO believes it has made a reasonable attempt to obtain all medical records for this review and afforded the

requestor, respondent and treating doctor an opportunity to provide additional information in a convenient and timely manner.

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

Sincerely,

____, CEO

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.

In the case of prospective *spinal surgery* decision, a request for a hearing must be made in writing and it must be received by the TWCC Chief Clerk of Proceedings within **10** days of your receipt of this decision. (20 Tex. Admin. Code 142.5(c)).

In the case of other *prospective (preauthorization) medical necessity* disputes a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5(d). A request for a hearing should be sent to: Chief Clerk of Proceedings, Texas Worker's Compensation Commission, P.O. Box 17787, Austin, TX 78744. The fax number is 512-804-4011. A copy of this decision should be attached to the request.

The party appealing this decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute, per TWCC rule 133.308(u)(2).

Sincerely,

____, CEO

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 6th day of January, 2005

Signature of Specialty IRO Representative:

Name of Specialty IRO Representative: