

MCMC

IRO Medical Dispute Resolution M2 Prospective Medical Necessity IRO Decision Notification Letter

Date:	07/15/2005
Injured Employee:	
Address:	
MDR #:	M2-05-1808-01
TWCC #:	
MCMC Certification #:	5294

REQUESTED SERVICES:

Please address prospective medical necessity of the proposed total knee replacement of right knee.

DECISION: Reversed

MCMC llc (MCMC) is an Independent Review Organization (IRO) that has been selected by The Texas Workers' Compensation Commission (TWCC) to render a recommendation regarding the medical necessity of the above requested service.

Please be advised that a MCMC Physician Advisor has determined that your request for an M2 Prospective Medical Dispute Resolution on 07/15/2005 concerning the medical necessity of the above referenced requested service, hereby finds the following:

The denial for the proposed total knee replacement for the right knee is reversed.

CLINICAL HISTORY:

The injured individual is a 45-year-old female who was injured at work for _____ on _____ when she accidentally slipped on a wet floor and landed on her right knee, leg, and ankle. She is 6 foot tall and weighs 285 pounds. She was seen in the ER that day with clinical diagnosis of contusion of the right knee, leg, and ankle. Knee x-rays at the ER revealed changes of arthritis in all three knee compartments. X-rays of the right ankle showed mild arthritis changes.

She received subsequent treatment by Dr. Eggleston, an orthopedic surgeon. An MRI of the knee was obtained on 10/13/2004 revealing a tear of the posterior horn of the lateral meniscus, degenerative changes with osteophytes and chondromalacia in all three compartments, moderate joint effusion, and a Baker's cyst.

Because of continued pain and limitation, despite, therapy and NSAID's, she underwent arthroscopic surgery on 11/03/2004. The operative report indicates that abrasion chondroplasty of the patellofemoral joint, chondroplasty of the medial and lateral condyles, and meniscal shaving of the medial and lateral menisci was performed. The

text of the report describes a loose body, extensive synovitis, and unstable cartilage flaps on the condyles.

A second procedure was required on 11/24/2004 because of persistent drainage from the medial inferior portal. This was debrided and closed. This problem resolved.

There was initial good response to surgery with significant decreased pain and good motion. However, the progress deteriorated due to pain and swelling. Additional treatment has included medication, lidoderm patches, and therapy. She was allowed to resume work on 01/18/2005 with no repetitive standing or sitting.

In an office note of 01/27/2005, Dr. Eggleston indicates: "I feel that she has significant degenerative changes in the knee and this may actually need total knee arthroplasty to enable us to alleviate her symptoms...."

In an office note of 04/28/2005, Dr. Eggleston indicates: "She states she is still having pain and is unable to complete her activities. She continues to have pain present at the medial femoral condylar surface with palpation, while the knee is fully flexed.... At this time, I feel she is suffering from degenerative joint disease of her knee that was exacerbated by her injury at work.... I believe at this time total knee arthroplasty is the only realistic expectation that she would have of further improvement."

The request for surgery was denied by two reviewers on the issue of extent. The first reviewer indicated that there was significant underlying arthritis and inadequate evidence of failure of the prior operative intervention. The second reviewer indicated a conversation with Dr. Eggleston in which "he advised me he did the knee scope for a work related' event but found the knee to be in terrible shape with severe articular cartilage disease." The reviewer opined this was a situation likely prior to the injury event.

RATIONALE:

There is clear documentation of an injury to the right knee that has resulted in persistent pain and functional limitation. There is reasonable expectation that the requested procedure will reduce pain and improve function for this injured individual. There are no medical records provided to document any pre-existing problems or injuries to the knee. Therefore, based on the information provided, the current problems are related to the injury of ____.

It is a common occurrence for injured workers to have underlying degenerative or age related changes that are rendered symptomatic by a work injury. This case is no different. Total knee arthroplasty is a reliable procedure and appropriate for this injured individual, who has failed to sustain improvement with therapy, medication, arthroscopy, and further medication and therapy.

RECORDS REVIEWED:

- Craig L. McDonald M.D. Steven Eggleston 3/10/05
- Report from Steven Eggleston for dates; 11/30/04, 12/9/04, 1/13/05, 1/27/05, 4/28/05, 3/10/05, 3/24/05, 11/15/04, 11/18/04, 11/23/04, 10/04/04, 10/15/04.
- Surgery Report and diagnosis. From Steven eggleston.
- MMT/Neurological
- Hoffman Kelley L.L.P 5/31/05
- TWCC-60
- UniMed direct LLC 3/23/05
- UniMed direct LLC 4/15/05
- Agnostic Imaging Special 10/13/04
- Notification of IRO assignment 6/2/05
- TWCC MR-117 6/2/05
- TWCC-60
- Arkansas Claims Management 6/15/05
- UniMed direct LLC 3/23/05
- UniMed direct LLC 4/15/05
- TWCC-1
- Accident report from worker
- Emergency physician record.
- Trauma flow sheet from the Angleton Danbury medical center. 10/1/04
- 10/04/04 report from steven eggleston.
- TWCC-60
- Request for leave of absence
- Diagnostic Imaging Specialists 10/13/04
- TWCC-60
- Preoperative diagnosis from Steven Eggleston 11/03/04
- 11/15/04 report from Steven Eggleston
- TWCC-60
- 11/18/04 report from Steven Eggleston
- TWCC-60
- Surgery notes 11/24/04
- Report notes from Steven Eggleston on dates; 11/30/04, 12/09/04, 1/13/05.
- TWCC- 60.
- Craig L. McDonald M.D. Steven Eggleston 3/10/05
- Unimed direct llc 3/23/05
- Unimed direct llc 4/15/05

The reviewing provider is Boarded in Orthopedic Surgery and certifies that no known conflict of interest exists between the reviewing Boarded Orthopedic Surgeon and any of the treating providers or any providers who reviewed the case for determination prior to referral to the IRO.

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) days or your receipt of this decision (28Tex.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 **20** (twenty) days of your receipt of this decision (28Tex.Admin. Code 148.3©.)

This decision is deemed received by you 5 (five) days after it was mailed (28Tex.Admin. Code 102.4(h)(2) or 102.5(d)). A request for a hearing **and a copy of this decision** should 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 the decision shall deliver a copy of its written request for a hearing to all other parties involved in the 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 carrier, the requestor and claimant via facsimile or U. S. Postal Service from the office of the IRO on this

15th day of July 2005.

Signature of IRO Employee: _____

Printed Name of IRO Employee: _____