

MCMC

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

Date:	09/27/2006
Injured Employee:	
Address:	
MDR #:	M2-06-1764-01
DWC #:	
MCMC Certification #:	IRO 5294

REQUESTED SERVICES:

Please review item in dispute: Right knee scope lateral meniscectomy.

DECISION: Reversed

IRO MCMCllc (MCMC) has been certified by the Texas Department of Insurance as an Independent Review Organization (IRO) to render a recommendation regarding the medical necessity of the above disputed service.

Please be advised that a MCMC Physician Advisor has determined that your request for an M2 Prospective Medical Dispute Resolution on 09/27/2006, concerning the medical necessity of the above referenced requested service, hereby finds the following:

Right knee scope lateral meniscectomy is medically necessary.

CLINICAL HISTORY:

This 49-year-old male allegedly popped his right knee on 07/___/2004 and was evaluated by Dr. Sweeney. An MRI study revealed a strain of the iliotibial band, lateral collateral ligament and a partial thickness strain of the anterior cruciate ligament (ACL) The patient was treated non-operatively. Dr. Sweeney last evaluated him on 07/26/2004.

REFERENCE:

The Knee: OKU Vol. 8: AAOS 2004.

RATIONALE:

The injured individual returned to see Dr. Sweeney on 05/15/2006 because of pain and swelling of his right knee. He had a large effusion and a great deal of joint line tenderness. The knee was aspirated and 50ccs of fluid removed. The knee was then injected with steroid.

On 05/23/2006 the effusion had recurred and he still had significant pain. The MRI of 05/30/2006 revealed a small effusion, marrow edema, thinning of the articular cartilage, evidence of iliotibial (IT) sprain and edema around the patella. The patient remains symptomatic and the second surgical opinion (SSO) on 06/06/2006 noted the presence of a large effusion. Based on the clinical evaluation Dr. Gopal Krishnan also recommended the arthroscopic evaluation and treatment. Repeated large effusions of the knee are suggestive of intra-articular pathology.

Regardless of the MRI findings the clinical symptoms warrant an arthroscopic evaluation and treatment of any pathology detected during the arthroscopic evaluation. MRI studies have a sensitivity and specificity that varies between 64 and 82 percent. The gold standard for diagnostic testing of the knee is an arthroscopic evaluation.

DATES RECORDS RECEIVED:

09/08/2006 and 09/18/2006

RECORDS REVIEWED:

- Notification of IRO Assignment dated 08/07/06
- MR-117 dated 08/07/06
- DWC-60
- MCMC: IRO Medical Dispute Resolution Prospective dated 09/08/06
- MCMC: IRO Acknowledgment and Invoice Notification Letter dated 08/31/06
- Flahive, Ogden & Latson: Letter dated 09/08/06 from Patricia Blackshear
- Texas Municipal League: Check dated 09/06/06
- Flahive, Ogden & Latson: Letter dated 07/27/06 from Charles Finch
- Corvel: Letters dated 07/25/06, 06/21/06, 06/08/06
- Mike Sweeney, M.D.: Follow Up Notes dated 06/12/06, 06/05/06, 05/23/06, 05/15/06
- S. Gopal Krishnan, M.D.: Report dated 06/06/06
- Renaissance Orthopedics: Handwritten pre-certification dated 06/05/06
- Doctors Hospital at Renaissance: MRI right knee dated 05/30/06
- Worker's Compensation Insurance Verification dated 07/29/04
- Patient Information sheet signed 07/27/04

The reviewing provider is a **Licensed/Boarded Orthopedic Surgeon** and certifies that no known conflict of interest exists between the reviewing Orthopedic Surgeon 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 carrier health care providers who reviewed the case for decision prior to referral to the IRO. The reviewing physician is on DWC's Approved Doctor List.

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.

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 Department of Insurance Division of Workers' Compensation
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

___27th___ day of ___September___ 2006.

Signature of IRO Employee: _____

Printed Name of IRO Employee: _____