

December 21, 2005

November 21, 2005

[Claimant]

CORRECTED REPORT

Re: **MDR #:** M2-06-0086-01 **Injured Employee:** _____
 DWC #: _____ **DOI:** _____
 IRO Cert. #: 5055 **SS#:** _____

TRANSMITTED VIA FAX TO:
TDI, Division of Workers' Compensation

Attention:
Medical Dispute Resolution
Fax: (512) 804-4868

RESPONDENT:
Liberty Insurance Corp.
Attention: Carolyn Guard
Fax: (574) 258-5349

TREATING DOCTOR:
Thomas J. Mundheim, DC
Fax: (806) 748-6110

Dear Mr. ____:

In accordance with the requirement for DWC to randomly assign cases to IROs, DWC assigned your case to IRI for an independent review. IRI has performed an independent review of the medical records to determine medical necessity. In performing this review, IRI reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

I am the Secretary and General Counsel of Independent Review, Inc. and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him 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 before referral to the Independent Review Organization. Information and medical records pertinent to this medical dispute were requested from the Requestor and every named provider of care, as well as from the Respondent. The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician who is a board certified in Orthopedic Surgery and is currently listed on the DWC Approved Doctor List.

We are simultaneously forwarding copies of this report to the payor and the TDI, Division of Workers' Compensation. This decision by Independent Review, Inc. is deemed to be a DWC decision and order.

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.

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 November 21, 2005.

Sincerely,

Gilbert Prud'homme
General Counsel

GP/dd

REVIEWER'S REPORT M2-06-0086-01

Information Provided for Review:

DWC-60, Table of Disputed Services, EOB's

From Respondent:

- Correspondence
- Designated Reviews

Orthopedics:

- Office Notes 11/02/04 – 11/28/04
- Radiology 09/16/04

Treating MD:

- Office Notes 09/14/04 – 07/20/05

Medical MD:

- Office Notes 12/08/04 – 08/10/05

Clinical History:

The patient had a work-related injury and was diagnosed with torn meniscii, severe degenerative joint disease, and previous history of rheumatoid arthritis, and request was made for a total knee replacement.

Disputed Services:

Right knee replacement.

Decision:

The reviewer agrees with the determination made by the insurance carrier and is of the opinion the service in dispute as stated above are not medically necessary in this case.

Rationale:

While this patient had a long history of work with UPS and documented torn meniscii on MRI scan, also tricompartmental degenerative joint disease is seen throughout the knee as well as a reported history of rheumatoid arthritis. It is clear that based upon the mechanism of injury, i.e. packages falling on the knee, that this cannot cause tricompartment arthritis, but rather this is a pre-existing condition and may also be related to changes secondary to his inflammatory condition. Whether primary to the osteoarthritis or secondary to the rheumatoid, it is not related to the injury as described.

Screening Criteria/ Treatment Guidelines/Publications Used:

It is not necessary to refer to any additional literature, as it is widely known that degenerative changes are a result either of wear and tear and aging or often secondary to an inflammatory joint disease such as rheumatoid arthritis or occasionally localized to an area of untreated meniscal injury. In this case, the arthritis affects the entire joint of all 3 compartments and hence is not localized to the area of meniscal injury, lending credence to the fact that these changes were in existence long before the compensable injury occurred.