



PROFESSIONAL ASSOCIATES

NOTICE OF INDEPENDENT REVIEW

NAME OF PATIENT: _____
IRO CASE NUMBER: M2-06-0155-01
NAME OF REQUESTOR: _____
NAME OF PROVIDER: Dana Soucy, M.D.
REVIEWED BY: Board Certified in Orthopedic Surgery
IRO CERTIFICATION NO: IRO 5288
DATE OF REPORT: 11/11/05

Dear Mr. ____:

Professional Associates has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO) (#IRO5288). Texas Insurance Code Article 21.58C, effective September 1, 1997, allows a patient, in the event of a life-threatening condition or after having completed the utilization review agent's internal process, to appeal an adverse determination by requesting an independent review by an IRO.

In accordance with the requirement for TDI-Division of Workers' Compensation (DWC) to randomly assign cases to IROs, DWC has assigned your case to Professional Associates for an independent review. The reviewing physician selected has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, the reviewing physician reviewed 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. determination, and any documentation and written information submitted in support of the appeal.

This case was reviewed by a physician reviewer who is Board Certified in the area of Orthopedic Surgery and is currently listed on the DWC Approved Doctor List.

I am the Secretary and General Counsel of Professional Associates 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 the provider, the injured employee, the injured

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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.

REVIEWER REPORT

Information Provided for Review:

An evaluation with Dana Soucy, M.D. dated 07/11/05

X-rays of the right knee dated 07/11/05 and interpreted by Dr. Soucy

An MRI of the right knee dated 07/11/05 and interpreted by Mark Sateriale, M.D.

Evaluations with Dr. Soucy dated 07/13/05, 07/20/05, 08/03/05, 08/15/05, 08/22/05, and 09/14/05

Preoperative chest x-rays dated 08/05/05 and interpreted by Lance Donaldson, M.D.

Laboratory work dated 08/05/05 from Southwest Diagnostic Clinic Laboratory

A preauthorization determination from CorVel dated 08/15/05

A noted regarding a phone call made to Dr. Soucy on 09/01/05

Another preauthorization determination dated 09/08/05 from CorVel

A summary regarding the IRO request from Jane Pelzl, R.N. at CorVel dated 10/10/05

A summary of the carrier's position dated 10/17/05 from Scott Bouton at Flahive, Ogden, & Latson

Clinical History Summarized:

Dr. Soucy evaluated the patient on 07/11/05 and diagnosed him with an anterior knee contusion with an aggravation of patellofemoral symptoms and patella tendonitis. Therapy and a patellar cut out sleeve were prescribed. X-rays on 07/11/05 were essentially normal, but showed mild lateral patellar tilt on the sunrise view. An MRI of the right knee on 07/11/05 revealed no meniscus tear or intrarticular injury. There were patellar tendon signal changes, consistent with either a partial tear or a contusion. There was minimal effusion and a chronic appearing small osteochondral lesion of the lateral patellar facet. On 08/03/05, Dr. Soucy discussed surgical intervention with the patient, which he decided to proceed with; however, on 08/15/05, Dr. Soucy noted that workers' compensation had denied surgical intervention. He received an injection and a patellar tracking orthosis was recommended. On 08/15/05, CorVel provided a preauthorization determination denying the arthroscopy with patella chondroplasty and lateral release of the right knee. On 08/22/05, Dr. Soucy noted therapy was not beneficial to the patient,

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as he was unable to participate in helpful therapy due to his pain. She again stated he was a surgical candidate. CorVel provided another preauthorization determination on 09/08/05, denying the appeal for the arthroscopy with patella chondroplasty and lateral release of the right knee. CorVel provided a response to the IRO request on 10/10/05. On 10/17/05, Mr. Bouton, from Flahive, Ogden, & Latson, provided a summary of the carrier's position. It was noted the surgery was denied because the right knee MRI only revealed a chronic appearing patella chondral change with no other abnormality.

Disputed Services:

An arthroscopy with patella chondroplasty and lateral release of the right knee

Decision:

I disagree with the requestor. The arthroscopy with patella chondroplasty and lateral release of the right knee would be neither reasonable nor necessary.

Rationale/Basis for Decision:

The patient has not undergone sufficient rehabilitation to the point where surgery would be indicated. The patient continued to have significant atrophy in the quadriceps. Before reaching for a knife, this patient should have aggressive and thorough rehabilitation, including the strengthening of the vastus medialis. In my opinion, the scope with patella chondroplasty and lateral release of the right knee would not be reasonable and necessary as related to the original injury.

The rationale for the opinions stated in this report are based on clinical experience and standards of care in the area as well as broadly accepted literature which includes numerous textbooks, professional journals, nationally recognized treatment guidelines and peer consensus.

This review was conducted on the basis of medical and administrative records provided with the assumption that the material is true and correct.

This decision by the reviewing physician with Professional Associates is deemed to be a Commission decision and order.

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YOUR RIGHT TO REQUEST A HEARING

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. A request for a hearing should be faxed to 512-804-4011 or sent to:

Chief Clerk of Proceedings/Appeals Clerk
TDI-Division of Workers' Compensation
P. O. Box 17787
Austin, TX 78744

A copy of this decision should be attached to the request. The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute.

I hereby verify that a copy of this Independent Review Organization's decision was sent to the respondent, the requestor, DWC, and the patient via facsimile or U.S. Postal Service this day of 11/11/05 from the office of Professional Associates.

Sincerely,

Lisa Christian
Secretary/General Counsel