

November 9, 2005

TX DEPT OF INS DIV OF WC
AUSTIN, TX 78744-1609

CLAIMANT: ___

EMPLOYEE: ___

POLICY: M2-06-0187-01

CLIENT TRACKING NUMBER: M2-06-0187-01/5278

AMENDED REVIEW 11/16/05

Medical Review Institute of America (MRIOA) has been certified by the Texas Department of Insurance as an Independent Review Organization (IRO). The Texas Department of Insurance Division of Workers Compensation has assigned the above mentioned case to MRIOA for independent review in accordance with DWC Rule 133 which provides for medical dispute resolution by an IRO.

MRIOA 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. Itemization of this information will follow.

The independent review was performed by a peer of the treating provider for this patient. The reviewer in this case is on the DWC approved doctor list (ADL). The reviewing provider has no known conflicts of interest between that provider 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 IRO.

Records Received:

RECORDS RECEIVED FROM THE STATE:

Notification of IRO Assignment dated 10/21/05, 18 pages
Letter, Intracorp 10/07/05, 2 pages

RECORDS RECEIVED FROM THE RESPONDENT:

Work status reports 9/2/03-9/14/05, 25 pages
Intracorp letter dated 9/20/04, 11/9/04, 11/24/04, 12/12/04, 8/11/05, 9/15/05, 9/26/05, 18 pages
Required Medical Examination, Dr. Caines 03/19/05, 06/25/04, 03/19/05, 13 pages
Office Notes, Dr. Parker 09/02/03, 09/30/03, 10/31/03, 12/01/03, 01/22/04, 11 pages

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Office Notes, Dr. Nguyen 12/08/03, 1/02/04, 01/05/04, 01/12/04, 01/27/04, 03/02/04, 04/15/04, 04/22/04, 05/14/04, 18 pages

Office Notes, Dr. Criswell 01/12/04, 01/29/04, 02/26/04, 03/18/04, 04/15/04, 06/07/04, 8 pages

Office Notes, Dr. Chau 07/02/04, 08/23/04, 11/03/04, 11/15/04, 01/07/05, 06/15/05, 09/14/05, 09/28/05, 16 pages

Designated Doctor Evaluation, Dr. Thandl 07/15/04, 09/09/04, 10/04/04, 17 pages

Required Medical Examination, Dr. Young 06/14/05, 08/10/05, 5 pages

MRI Report 12/30/03, 07/19/04, 11/11/04, 7 pages

FCE 07/21/04, 33 pages

FCE 11/12/03, 7 pages

RS Medical Prescription with Letter of medical necessity from Dr. Parker, 12/2/03, 3 pages

Operative report 2/19/04, 2 pages

Anesthesia record 2/19/04, 1 page

Letter from Dr. Chau dated 7/28/04, 1/7/05, 9/14/05, 9/28/05, 8 pages

Notes from Bellaire Pain Center, 10/4/04–10/15/04, 10 pages

Emergency Department Physician Record, 9 pages

PT referral dated 9/2/03, 1 page

PT notes, 10/2/03–9/24/04, 80 pages

RECORDS RECEIVED FROM DR. CHAU:

Medical notes, 5/10/04–5/27/05, 11 pages

Letter dated 6/14/05 from Stephen De Young, MD, 2 pages

Letter dated 6/15/05 from Arthur Chau MD, 2 pages

RECORDS RECEIVED FROM DR. TRACY PHAM:

Office Notes, Dr. Pham 05/10/04, 06/18/04, 10/04/04, 10/28/04, 12/22/04, 05/09/05, 10/05/05, 14 pages

Summary of Treatment/Case History:

The patient is a 43-year-old male who sustained a right knee hyperextension twisting injury on _____. He works as a cook and is required to stand for extended periods of time. He treated conservatively with anti-inflammatories, physical therapy, RS4-i stimulator, and activity modification. Initial radiographs indicated no fracture but did not address degenerative status. The patient had continued complaints of activity related pain and swelling. MRI evaluation performed on 12/30/03 noted mild hypertrophic changes in the patellofemoral and lateral compartments, a lateral meniscus tear, and degenerative changes in the medial meniscus. Radiographs from the same date demonstrated mild hypertrophic change with marginal spurring and slight reduction of the lateral joint space. He underwent arthroscopy with partial lateral meniscectomy on 02/19/04. The operative report indicated an intact medial compartment, smooth patellofemoral joint, and made no clear reference to the articular status of the lateral compartment. He had continued complaints of pain and swelling. He continued to treat with conservative modalities including chiropractic management. He was noted to have gained weight and on 07/14/04 was at five feet seven inches and 240 pounds. Physical examination noted a positive Apley's, effusion, range of motion from -5 to 105, and decreased strength.

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A repeat MRI was conducted on 07/19/04. It noted an effusion, degenerative changes in the medial and lateral compartments with grade II degenerative changes in the medial meniscus. The lateral meniscus was unremarkable. A functional capacity evaluation on 07/21/04 suggested the ability to perform sedentary to medium work with an overall sedentary recommendation. The patient underwent aspiration and cortisone injection on 07/28/04. He was placed at maximum medical improvement without an impairment rating on 09/09/04. A repeat evaluation assigned one percent impairment. The patient returned to work on 10/25/04 and relayed increased swelling and severe pain after five hours. Evaluation on 11/03/04 noted a positive McMurray's. MRI evaluation from 11/11/04 noted truncation with grade III lateral meniscus tear, degenerative subchondral edema of the lateral femoral condyle with some irregularity of the overlying articular cartilage, and grade II chondromalacia patella with moderate effusion.

The patient has had continued complaints of pain and swelling. He has progressive symptomatology including antalgic gait, limited range of motion, and minimal increase in genu valgum. Radiographs from 06/14/05 noted partial narrowing of the lateral and medial compartments with moderate spurring. Radiographs from 09/28/05 noted good articular space with some degenerative changes in the medial and lateral femoral condyles with sufficient articular space. He has had ongoing use of medications, knee sleeve, therapy, and additional cortisone injection. A request was made for repeat arthroscopy; however this was not approved by the insurance company. A recommendation has been made for total joint arthroplasty.

Questions for Review:

Item(s) in Dispute:

1. Pre-Authorization request for Right Knee Arthroscopy. Please review for medical necessity.

Explanation of Findings:

Based on the records provided for review, the requested right knee arthroscopy would not be recommended as medically necessary.

The patient is two years post right knee injury that resulted in a lateral meniscus tear. He underwent arthroscopy on 02/19/04 for partial meniscectomy. He continued to have postoperative complaints of activity related pain and swelling. He treated conservatively with medications, physical therapy, chiropractic modalities, activity modification, bracing, and cortisone injections. He was unable to tolerate a return to work. Postoperative serial MRI and radiographic evaluation identified mild to moderate degenerative changes, possible recurrent lateral meniscus tear, and possible medial meniscus tear. Dr. Young evaluated the patient on 06/14/05. He indicated the MRI findings represented postoperative changes without recurrent tears. Physical examination indicated no mechanical findings.

It would appear the patient is treating for underlying degenerative pathology with diagnostic findings compatible with postoperative changes. The most recent records provided fail to identify mechanical symptomatology. The use of arthroscopy for degenerative findings alone has not proven to offer significant benefit. It does not appear that the patient's course of conservative management has

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included viscosupplementation, use of ambulatory assistive devices to unload the knee, or weight reduction. In the absence of mechanical findings, the patient should complete a comprehensive course of non-operative care prior to any additional consideration of surgical intervention.

Conclusion/Decision to Not Certify:

The request for a right knee arthroscopy is not indicated.

Applicable Clinical of Scientific Criteria or Guidelines Applied in Arriving at Decision:

AAOS Orthopaedic Knowledge Update 8; Chapter 38, page 457

The physician providing this review is board certified in Orthopaedic Surgery. The reviewer is a member of the American Academy of Orthopaedic Surgeons, the American Medical Association, the Pennsylvania Medical Society, and the Pennsylvania Orthopaedic Society. The reviewer is certified in impairment rating evaluations through the Bureau of Workers Compensation. The reviewer has research and publication experience within their field of specialty. This reviewer has been in active practice since 1996.

MRIOA is forwarding this decision by mail, and in the case of time sensitive matters by facsimile, a copy of this finding to the treating provider, payor and/or URA, patient and the DWC.

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.

Chief Clerk of Proceedings / Appeals Clerk

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

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It is the policy of Medical Review Institute of America to keep the names of its reviewing physicians confidential. Accordingly, the identity of the reviewing physician will only be released as required by state or federal regulations. If release of the review to a third party, including an insured and/or provider, is necessary, all applicable state and federal regulations must be followed.

Medical Review Institute of America retains qualified independent physician reviewers and clinical advisors who perform peer case reviews as requested by MRloA clients. These physician reviewers and clinical advisors are independent contractors who are credentialed in accordance with their particular specialties, the standards of the American Accreditation Health Care Commission (URAC), and/or other state and federal regulatory requirements.

The written opinions provided by MRloA represent the opinions of the physician reviewers and clinical advisors who reviewed the case. These case review opinions are provided in good faith, based on the medical records and information submitted to MRloA for review, the published scientific medical literature, and other relevant information such as that available through federal agencies, institutes and professional associations. Medical Review Institute of America assumes no liability for the opinions of its contracted physicians and/or clinician advisors. The health plan, organization or other party authorizing this case review agrees to hold MRloA harmless for any and all claims which may arise as a result of this case review. The health plan, organization or other third party requesting or authorizing this review is responsible for policy interpretation and for the final determination made regarding coverage and/or eligibility for this case.

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cc: Requestor
Respondent