



Specialty Independent Review Organization, Inc.

November 29, 2005

DWC Medical Dispute Resolution
7551 Metro Center Suite 100
Austin, TX 78744

Patient: ____
DWC #: ____
MDR Tracking #: M2-06-0356-01
IRO #: 5284

Specialty IRO has been certified by the Texas Department of Insurance as an Independent Review Organization. The TDI-Division of Workers' Compensation has assigned this case to Specialty IRO for independent review in accordance with DWC Rule 133.308, which allows for medical dispute resolution by an IRO.

Specialty IRO 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.

This case was reviewed by a licensed Doctor of Osteopathy with a specialty in Orthopedics. The reviewer is on the DWC ADL. The Specialty IRO health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to Specialty IRO for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

CLINICAL HISTORY

This 46 year old female was injured on _____. The injury was to her left knee when she slipped on some urine at work. She had a jerking type movement and developed acute pain in the left knee. The pain was located on the anterior medial area of the knee. Patient developed a sensation of giving away of the knee. The examination revealed tenderness at the patella and medial joint line.

The patient did not respond to conservative care and a left knee arthroscopy, repair lateral meniscus with 2 meniscal arrows and debridement of loose bodies was done on 05/11/2004. Following surgery the patient had approximately 3 months of physical therapy.

This patient has continued to have complaints of pain in her left knee. The provider's note of 02/01/2005 revealed significant left knee pain, restricted range of motion and crepitus in the knee.

RECORDS REVIEWED

J McConnell MD, Reports: 9/20 to 10/3/2005.
B Cunningham MD, Reports: 12/10/03 through 7/22/2005.
A Esquibel DC, Report: 9/29/2005.
Preferred MRI – Scyene: 10/17/2003.
Green Diagnostic, FCE: 4/5/2005.
B Cunningham MD, Op Note: 5/11/2004.
A Douglas MD, Report: 12/29/2004.
TWCC Medical Evaluation: 12/29/2004.
TWCC Hearing: 12/20/2004.
S Small MD, Report: 1/31/2005.
Records from Carrier:
 Dallas Spine Care, Reports: 12/10/03 through 4/28/2004.
 Tri-City Chiro & Rehab, Reports: 6/7/04 – 8/30/2005.
 B McKechnie DC, Report: 8/19/2004.
 M Ciepica MD, Report: 9/16/2004.
 Argos Services, Report: 10/3/2005.
 Bruton Family Medical Notes: 1/27 through 10/18/2004.

REQUESTED SERVICE

The item in dispute is the prospective medical necessity of left knee MRI/Arthrogram.

DECISION

The reviewer disagrees with the previous adverse determination.

BASIS FOR THE DECISION

A routine MRI following repair of a meniscus will show abnormalities. It is important to have a contrast MRI to determine if there is a re-tear or further tearing of the repaired meniscus. This patient has pain that has not been relieved with conservative treatment, has persistent and worsening of the symptoms, loss of motion, and weakness in the left leg.

Manaster, Disler and May: MUSCULOSKELETAL IMAGING, 2ND Edition.

Resnick and Kransdorf: BONE AND JOINT IMAGING, 3rd Edition.

Miller and Cole: TEXTBOOK OF ARTHROSCOPY.

Miller, et al: REVIEW OF SPORTS MEDICINE AND ARTHROSCOPY, 2ND Edition.

Specialty IRO has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. Specialty IRO has made no determinations regarding benefits available under the injured employee's policy. Specialty IRO believes it has made a reasonable attempt to obtain all medical records for this review and afforded the requestor, respondent and treating doctor an opportunity to provide additional information in a convenient and timely manner.

As an officer of Specialty IRO, Inc, dba Specialty IRO, I certify that 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.

Sincerely,

Wendy Perelli, CEO

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.

Sincerely,

Wendy Perelli, CEO

I hereby certify, in accordance with DWC- Rule 102.4 (h), that a copy of this Independent Review Organization decision was sent to the carrier, requestor, claimant (and/or the claimant's representative) and the via facsimile, U.S. Postal Service or both on this 29th day of November, 2005

Signature of Specialty IRO Representative:

Name of Specialty IRO Representative: Wendy Perelli