

# MEDICAL REVIEW OF TEXAS

[IRO #5259]

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## NOTICE OF INDEPENDENT REVIEW DETERMINATION

TDI-WC Case Number:	
MDR Tracking Number:	M2-06-0397-01
Name of Patient:	
Name of URA/Payer:	Ward North America
Name of Provider: (ER, Hospital, or Other Facility)	
Name of Physician: (Treating or Requesting)	Thomas Alost, MD

December 30, 2005

An independent review of the above-referenced case has been completed by a medical physician board certified in orthopedic surgery. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by Texas Medical Foundation, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

Medical Review of Texas (MRT) hereby certifies that the reviewing physician is on the Division of Workers' Compensation Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to MRT.

Sincerely,

Michael S. Lifshen, MD  
Medical Director

cc: Thomas Alost, MD  
Division of Workers' Compensation

#### CLINICAL HISTORY

Records submitted for review:

- Thomas E. Alost, MD – Evaluations and TWCC 73 forms 10/7/04 through 11/23/05. An operative report from Dr. Alost from 3/14/05. Prescriptions written from Dr. Alost for Cosimine DS 9/20/05, Naprolan 7/21/05, a Q lock brace 4/28/05, Bextra 9/30/04, Ultracet 9/16/04 and Vioxx 11/16/04. A letter dictated by Dr. Alost 3/24/05 indicating the patient required more physical therapy at that time.
- Charles Zaltz, MD – Evaluation 12/1/04, evaluation and TWCC 73 form 7/28/05 and a prescription for Vicodin 7.15 12/1/04.
- Open MRI of West Texas – MRI reports from 10/4/04 and 8/8/05.
- Border Therapy Service – Physical therapy notes from 3/14/05 through 4/5/05.

This 42-year-old man injured his right knee when he stepped in a hole on \_\_\_\_\_. His complaint was anterior knee pain. Significantly he had prior right knee problems and had two previous arthroscopic surgical procedures performed. These operative reports were not available for review but the records indicate that he had at least one lateral retinacular release indicating a prior history of anterior knee problems.

Subsequent to the \_\_\_\_\_ injury, the patient was treated by Thomas E. Alost, MD. He was given anti-inflammatory medications, analgesics and an injection into the knee without relief of symptoms. An MRI of the knee was performed on 10/4/04 and reportedly showed a large effusion, patellar tendonitis and an abnormal shape and configuration of the medial meniscus consistent with tear.

Because of ongoing symptoms the patient was taken to the operating room by Dr. Alost on 3/14/05. The operative findings included a torn medial meniscus, arthrofibrosis involving the anterior aspect of the knee and lateral subluxation of the patella. The operation performed

included a partial medial meniscectomy, lysis of adhesions and lateral patellar retinacular release. There was no mention of articular cartilage injury of chondromalacia in the operative report.

Post operatively the patient has had ongoing anterior knee pain and swelling. He has been treated with a course of physical therapy, a steroid injection and synvisc injections into the knee. He continues to complain of persistent pain interfering with his activities of daily living.

Another MRI of the knee was performed on 8/8/05. It reportedly showed a moderate joint effusion, mild patellar and femoral chondromalacia and evidence of previous medial meniscectomy. Because of ongoing symptoms the patient's surgeon is requesting permission to perform another arthroscopy and arthroscopic chondroplasty of the right knee.

#### REQUESTED SERVICE(S)

Arthroscopy and arthroscopic chondroplasty of the right knee.

#### DECISION

Denied.

#### RATIONALE/BASIS FOR DECISION

The patient's ongoing problem is anterior knee pain, which has been attributed to lateral tracking of the patella. He has had three arthroscopic procedures performed on the knee; two of which have included lateral retinacular releases which is a procedure performed for patellar tracking problems. Since one of these procedures was performed prior to 9/13/04 clearly this patient's lateral subluxation of the right patella was not produced by this injury but was a pre-existing condition.

Further there was no mention of chondromalacia of the femur or the patella in Dr. Alost's operative report of 3/14/05. The medical records indicate that the diagnosis is based on the MRI report of 8/8/05. If this patient did develop chondromalacia of the femur and patella subsequent to the 3/14/05 surgical procedure and prior to the 8/8/05 MRI study it is impossible to attribute it to the \_\_\_ job related injury.

Finally, if this patient does have chondromalacia and it is related to patella tracking problems that have not resolved after two previous

lateral retinacular releases, a chondroplasty is not going to solve the problem.

In conclusion, arthroscopic chondroplasty of the right knee should be denied as related to this work related injury because no chondromalacia was documented to be present at the time of an arthroscopic procedure performed subsequent to the injury and there is a very low probability that it will provide any lasting relief for this patient as it does not address the underlying patellar problem that produced it.

#### Certification of Independence of Reviewer

As the reviewer of this independent review case, I do hereby certify that I have no known conflicts of interest between the 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.

### 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  
Division of Workers' Compensation  
P.O. Box 17787  
Austin, Texas 78744

Or fax the request to (512) 804-4011. A copy of this decision must be attached to the request.

The party appealing the decision shall deliver a copy of its written request for a hearing to the opposing party involved in the dispute.

In accordance with 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 4<sup>th</sup> day of January, 2006.

Signature of IRO Employee: \_\_\_\_\_

Printed Name of IRO Employee: Cindy Mitchell