

IRO America Inc.

An Independent Review Organization

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January 31, 2006

TDI-DWC Medical Dispute Resolution

Fax: (512) 804-4868

Patient: _____

TDI-DWC #: _____

MDR Tracking #: M2-06-0517-01

IRO #: 5251

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

IRO America 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.

The independent review was performed by a matched peer with the treating doctor; the Reviewer is a credentialed Panel Member of IRO America's Medical Knowledge Panel who is a licensed MD, board certified and specialized in Orthopedic Surgery. The reviewer is on the DWC Approved Doctor List (ADL).

The IRO America Panel Member/Reviewer is a health care professional who has signed a certification statement stating that no known conflicts of interest exist between the Reviewer 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 carriers health care providers who reviewed the case for decision before referral to IRO America for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

RECORDS REVIEWED

Notification of IRO Assignment, records from the Requestor, Respondent, and Treating Doctor(s), including:

- Medical dispute request by Dr. Reuben
- IME 04/16/04
- DDE with Dr. Kane 07/07/05
- FCE 07/14/04
- Office note of Dr. Kondejewski 05/09/05, 05/20/05, 06/20/05, 07/27/05
- Office note of Dr. Jarolimek 07/20/05

- Office note of Carrie Schwartz, DC 08/10/05, 08/25/05
- Office note of Dr. Pervez 08/22/05, 09/19/05, 10/17/05, 11/14/05, 11/29/05
- MRI right knee 08/22/05
- MRI right thigh 08/22/05
- MRI right hip 08/22/05
- Office note of Dr. Reuben 09/28/05, 10/26/05, 11/19/05, 12/17/05
- Review 10/20/05
- Review 11/03/05
- Psych evaluation 11/09/05

CLINICAL HISTORY

The Patient is a 51-year-old male who sustained a right hip, thigh, and knee injury on ___ at work when he was struck by the electric cart machine. He initially treated for right hip, thigh, and leg contusion. There were records provided referencing prior back, shoulder, and bilateral knee injury in ___. Following the ___ injury The Patient utilized a variety of medications, physical therapy, and activity modification. He remained off work and required the use of a cane.

The Patient had radiographic evidence of early hip osteoarthritis and underwent orthopedic evaluation with Dr. Jarolimek on 07/20/05. He treated for additional diagnoses of iliotibial band tendinitis. The Patient was seen by Dr. Schwartz, chiropractor, on 08/10/05 who noted persistent right knee pain. He also treated with Dr. Pervez for pain management for the hip and knee. MRI evaluation of the right knee performed on 08/22/05 noted a small joint effusion and anterior cruciate ligament tear, with no chondral defects. Radiographs of the knee from 08/22/05 indicated small osseous proliferation at the quadriceps tendon insertion at the patella and adequate joint space. MRI and x-ray evaluation of the right thigh were within normal limits.

On 09/09/05 Dr. Pervez noted that The Patient's most significant pain was in the right knee. The Patient underwent a work hardening program. He continued to have restrictions in motion with examination findings from 11/19/05 noting a flexion contracture of ten degrees and extension to 120 degrees. Due to his ongoing symptomatology and failure of conservative management a diagnostic arthroscopy has been recommended.

DISPUTED SERVICE(S)

Under dispute is the prospective, and/or concurrent medical necessity of Right knee arthroscopy.

DETERMINATION/DECISION

The Reviewer agrees with the determination of the insurance company.

RATIONALE/BASIS FOR THE DECISION

The Reviewer cannot recommend the right knee arthroscopy as being medically necessary. There is no evidence that the arthroscopy will change The Patient's clinical course in any significant way. The Patient is a 51 year-old male with degenerative changes of the knee. The MRI has failed to demonstrate any significant lesion that would be correctable with surgery. The arthroscopy is not indicated for debridement and irrigation of the knee as this has not been proven to be effective. There is no evidence that the arthroscopy would change The Patient's clinical status in any significant way. In addition, The Patient has significant evidence through these records of symptom magnification and inconsistent effort with treatment. The likelihood of The Patient improving with the proposed arthroscopic surgery is not good.

Screening Criteria

1. Specific:

- ACOEM Chapter 13, page 343.

2. General:

In making his determination, the Reviewer had reviewed medically acceptable screening criteria relevant to the case, which may include but is not limited to any of the following: Evidence Based Medicine Guidelines (Helsinki, Finland); Texas Medical Foundation: Screening Criteria Manual (Austin, Texas); Texas Chiropractic Association: Texas Guidelines to Quality Assurance (Austin Texas); Texas Medical Foundation: Screening Criteria Manual (Austin, Texas); Mercy Center Guidelines of Quality Assurance; any and all guidelines issued by DWC or other State of Texas Agencies; standards contained in Medicare Coverage Database; ACOEM Guidelines; peer-reviewed literate and scientific studies that meet nationally recognized standards; standard references compendia; and findings; studies conducted under the auspices of federal government agencies and research institutes; the findings of any national board recognized by the National Institutes of Health; peer reviewed abstracts submitted for presentation at major medical associates meetings; any other recognized authorities and systems of evaluation that are relevant.

CERTIFICATION BY OFFICER

IRO America has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. IRO America has made no determinations regarding benefits available under the injured employee's policy.

As an officer of IRO America Inc., I certify that there is no known conflict between the Reviewer, IRO America and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

IRO America is forwarding by mail or facsimile, a copy of this finding to the DWC, the Injured Employee, the Respondent, the Requestor, and the Treating Doctor.

Sincerely,

IRO America Inc.



Dr. Roger Glenn Brown

President & Chief Resolutions Officer

Cc: ARMCI
Attn: Raina Robinson
Fax: 479-273-8792

Dr. Jeffery Reuben
Attn: Louis Campbell
Fax: 713-521-7919

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.

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

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 DWC via facsimile, U.S. Postal Service or both on this 31st day of January, 2006.

Name and Signature of IRO America Representative:

Sincerely,

IRO America Inc.



Dr. Roger Glenn Brown

President & Chief Resolutions Officer