

# MCMC

## IRO Medical Dispute Resolution M2 Prospective Medical Necessity IRO Decision Notification Letter

<b>Date:</b>	<b>03/14/2006</b>
<b>Injured Employee:</b>	
<b>Address:</b>	
<b>MDR #:</b>	<b>M2-06-0590-01</b>
<b>DWC #:</b>	
<b>MCMC Certification #:</b>	<b>IRO 5294</b>

### REQUESTED SERVICES:

Please review the item(s) in dispute: Pre-authorization request- right total knee replacement including a five day inpatient stay.

### DECISION: Upheld

---

IRO MCMC llc (MCMC) has been certified by the Texas Department of Insurance as an Independent Review Organization (IRO) to render a recommendation regarding the medical necessity of the above disputed service.

Please be advised that a MCMC Physician Advisor has determined that your request for an M2 Prospective Medical Dispute Resolution on 03/03/2006, concerning the medical necessity of the above referenced requested service, hereby finds the following:

The requested right total knee replacement (TKR) and five-day inpatient stay is not warranted.

### CLINICAL HISTORY:

This 46-year-old female allegedly slipped and fell on ice while carrying trash on \_\_\_\_\_. She complained of pain in her neck, upper back, both shoulders and both arms but more on the right arm. There is a note dated 01/18/2005 where the injured individual stated that she had injured herself "during the fall onto the ground while walking". She had seen the chiropractor as well as another physician.

Dr. LeGrand [neurosurgeon] evaluated her on 02/21/2005. She was taking several medications and apparently had MRI studies of her right wrist that apparently showed possible mild carpal tunnel syndrome (CTS). The MRI of the cervical spine dated 01/27/2005 revealed a 2mm paracentral protrusion at C4/5 that mildly flattened the right side of the cord. There was a small bulge at C5/6 that also caused mild flattening. There were mild bilateral foraminal stenosis at C5/6 and on the left side at C6/7.

The injured individual was noted to be 5'5" tall weighing 190 pounds. The neurosurgeon felt that "she appears to be a little slow mentally. She had no objective clinical findings of cervical nerve root compression. She had a positive Tinel sign on the right. The straight leg raise (SLR) test was negative. She was to continue with chiropractic care and see an orthopedist surgeon for her right wrist. She did not require any surgical treatment for her neck.

Based on complaints of back pain and numbness on both legs the chiropractor ordered an MRI study of the lumbar spine that was done on 03/23/2005. The MRI revealed severe loss of disc height at L5/S1 and a large osteophyte across the disc space with bilateral foraminal narrowing. There was mild facet arthropathy from L4 to S1. Dr. Pollock did a right carpal tunnel release (CTR) and excised a volar wrist ganglion on 04/12/2005. Post-operatively she was referred to physical therapy (PT).

**REFERENCE:**

Orthopedic Knowledge Update. The Knee. AAOS, 2002.

**RATIONALE:**

The chiropractor ordered an MRI study of the right knee, which was done on 05/26/2005. This was obtained because of complaints of lateral knee pain. There was evidence of thinning of the articular cartilage with degenerative changes in all three compartments. There was also a large Baker's cyst. Dr. Seay [orthopedics] noted that the injured individual had a limited range of motion (ROM) of the right knee though her ROM was 0 to 100 degrees. She had some tenderness around her knee. There were no other physical findings to substantiate the subsequent recommendation for an evaluation under anesthesia (EUA) and arthroscopic debridement of the right knee.

Dr. Telfeian [neurosurgeon] evaluated the injured individual on 06/27/2005 for complaints of neck and low back pain. She claimed that the low back pain (LBP) was increased with activity, prolonged sitting, and she felt "pops and cracks" in her back. Her neck pain radiated to the middle of her upper back and occasionally to her right arm. She reported a history of smoking a pack a day for 25 years. The straight leg raise (SLR) test was positive more on the right than left but only elicited a catching sensation in the back. He recommended epidural steroid injection (ESI) treatment for the neck and low back.

On 07/07/2005 Dr. Seay performed a debridement of the areas of full thickness cartilage loss in the weight bearing areas of both tibiofemoral compartments. In addition the chondromalacia on the patellar articular surface was also debrided. The areas of fraying and tearing of both menisci were excised. From 07/11/2005 to 09/2005 the notes from Dr. Pollack relate to the wrist and those from Dr. Seay to the knee. It should be noted that the injured individual continued to receive therapy from the chiropractor.

On 10/13/2005 she was given a cervical ESI. On 10/03/2005 Dr. Seay had noted that she had 0 to 90 degrees ROM of the right knee and complained of pain with full extension. On 10/17/2005, two weeks later, the Attending Physician recommended a TKR. She was seen every two weeks by Dr. Seay who continued to recommend a right TKR. The electromyogram (EMG) of both lower extremities dated 11/7/2005 did not reveal any evidence of neuropathy. On 11/14/2005 Dr. Seay recommended a TKR. He informed the injured individual that he could not recommend any more physical therapy.

Dr. Hill did an independent medical exam (IME) type of examination on 01/10/2006. He noted her to be 5'4" tall weighing 200 pounds. She complained of constant knee pain with grinding, popping and decreased ROM. Her right wrist was better. She still complains of headache and neck pain. She had non-anatomical and non-physiological, complaints of numbness and tingling in the upper extremities. She claimed to have constant low back pain that radiated on the posterior aspect of the buttocks and thighs bilaterally. She claimed to have numbness and tingling in her feet after sitting for more than 30 minutes. Despite the absence of objective clinical findings of an organic disease, Dr. Hill believed that she required further treatment for her back and knee.

The submitted information clearly shows that the changes in the lumbar spine are long standing and completely unrelated to her alleged injury. Similarly the findings in the knee are also unrelated to the alleged injury. The injured individual has evidence of tricompartmental degenerative arthritis that was definitely pre-existing and not causally related. The arthroscopic debridement performed was not warranted. The literature clearly shows that the debridement of the knee for degenerative joint disease (DJD) has not been shown to alter the long term outcome of chronic DJD.

The clinical data provided does not substantiate the need for the requested TKR at this time. If the injured individual had end-stage arthritis warranting a TKR on 10/17/2005 just three months after the arthroscopic debridement it is not clear why this fact was not apparent or even considered at the first evaluation by Dr. Seay. Furthermore, if the injured individual was a candidate for a TKR on 10/17/2005 she should never have been subjected to the arthroscopic debridement. The injured individual's complaints seem to vary and are often non-anatomical. She described two mechanisms of injury, neither of which could have resulted in advanced DJD of the knee to warrant the TKR requested.

The operative note of the arthroscopic debridement certainly documents the presence of tri-compartmental DJD of the right knee but does certainly does not describe a bone on bone appearance of the joint surfaces that would warrant a TKR.

**RECORDS REVIEWED:**

Notification of IRO Assignment dated 01/23/06  
MR-117 dated 01/23/06

DWC-60

DWC-73: Work Status Reports dated 02/03/05, 01/18/05

MCMC: IRO Medical Dispute Resolution Prospective dated 02/14/06

MCMC: IRO Acknowledgment and Invoice Notification Letter dated 01/24/06

Neurosurgical Associates: Letters dated 02/14/06, 12/20/05, 12/06/05, 06/27/05 from Albert Telfeian, M.D.

Flahive, Ogden & Latson: Letter dated 02/13/06 from Patricia Blackshear

Flahive, Ogden & Latson: Letter dated 01/31/06 from S. Rhett Robinson

Occupational Medicine Impairment Evaluation Center: Designated Medical Examination dated 01/10/06 from Gerald Hill, M.D.

Lubbock Diagnostic Testing: Electrodiagnostic test results dated 11/04/05 from Cotton Merritt, D.C.

Intracorp: Letters dated 11/02/05, 11/07/05 from Medical Department

Progress Notes (handwritten) dated 10/19/05

Covenant Surgicenter Operative Note dated 10/13/05 from David Hagstrom, M.D.

Lubbock Accident and Injury Rehabilitation: Functional Capacity Evaluation dated 10/05/05 from Kathryn Rowell, OTR, MOT

Paul Wilson, Clinic Coordinator: Fax Transmission Sheet note dated 09/19/05

Jack McCarty, D.O.: Required Medical Examinations dated 09/12/05, 05/09/05

Covenant Surgicenter: Operative Report dated 07/07/05 from Gaylon Seay, M.D.

Covenant Surgicenter: Anesthesia Record dated 07/07/05

Intracorp: Worker's Compensation Physician Advisor Review dated 07/06/05 from David Trotter, M.D.

Covenant Medical Center: Chest x-ray dated 07/06/05

Winston Whitt, M.D.: Follow Up Note dated 07/05/05

Gaylon Seay, M.D.: Office notes dated 06/10/05 through 11/14/05

Lubbock Accident and Injury Rehabilitation: Initial Evaluation dated 08/22/05 from Kathryn Rowell, OTR, MOT

Coolbaugh Chiropractic & Rehab: Physiotherapy and Rehab Services form note dated 08/19/05

Lubbock Accident and Injury Rehabilitation: Referral form dated 07/05/05

Nerve Conduction Study dated 06/07/05

Lubbock Accident and Injury Rehabilitation: Report dated 05/05/05 from Kathryn Rowell, OTR, MOT

Northstar Surgical Center: Anesthesia Record dated 04/12/05

UMC Health System: CT scan of the head dated 03/23/05

MRI Central: MRI right knee dated 05/26/05, MRI lumbar spine dated 03/23/05, MRI cervical spine dated 01/27/05, MRI right wrist dated 01/25/05

Coolbaugh Chiropractic: Letter dated 05/24/05 from Nancy Edland

Dina Phillips, L.O.T., C.H.T.: OT Progress Notes dated 05/05/05, 05/12/05

The Hand Center: OT Splint Evaluation dated 04/27/05

NorthStar Surgery Center: Operative Report dated 04/12/05 from Garry Pollock, M.D.

Coolbaugh Chiropractic: Letter of Medical Necessity signed 04/04/05

Unsigned letter dated 04/04/05 addressed "Attention bill processor"

Boyd, J.: File note dated 03/31/05

Garry Pollock, M.D.: Office notes dated 03/24/05, 04/06/05, 04/21/05, 04/27/05, 07/11/05, 08/22/05

Lubbock Injury Rehabilitation: Patient Daily Notes dated 03/15/05 through 10/24/05

Lubbock Accident and Injury Rehabilitation: Functional Capacity Evaluation dated 03/15/05 from Kathryn Rowell, OTR, MOT

Robert H. LeGrand, Jr., M.D.: Letter dated 02/21/05

Winston Whitt, M.D.: Initial Note dated 01/25/05

Coolbaugh Chiropractic: Statements dated 01/25/05 (five), 04/26/05, 06/10/05 (two) and one undated from Robert Coolbaugh, D.C.

Lubbock Accident and Injury Rehabilitation: Referral Information form dated 01/25/05

Unsigned letter dated 01/20/05 addressed "Attention Auditor"

Coolbaugh Chiropractic: Office notes dated 01/19/05 through 04/27/05 from Robert Coolbaugh, D.C.

Merritt Chiropractic, P.A.: Letter dated 01/18/05

Robert J. Coolbaugh, D.C.: Form letter signed 01/18/05

Coolbaugh Chiropractic: NMES Muscle Stimulator Supply Order dated 01/18/05

Crosbyton Clinic Hospital: Emergency Room-Outpatient Record dated 12/27/04

Lubbock Diagnostic Testing: Electrodiagnostic test results dated 01/14/04 from Cotton Merritt, D.C.

Neurosurgical Associates: Prescription note dated 01/09/??

Coolbaugh Chiropractic: Undated, unsigned Statement of Medical Necessity, Muscle Stimulator fitting

The reviewing provider is a Licensed/Boarded Orthopedic Surgeon and certifies that no known conflict of interest exists between the reviewing Orthopedic Surgeon 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 prior to referral to the IRO. The reviewing physician is on DWC's Approved Doctor List.

### **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.

This decision is deemed received by you 5 (five) days after it was mailed (28Tex.Admin. Code 102.4(h)(2) or 102.5(d)). A request for a hearing **and a copy of this decision** should be sent to:

Chief Clerk of Proceedings / Appeals Clerk  
Texas Department of Insurance Division of Workers' Compensation  
P.O. Box 17787  
Austin, Texas, 78744  
Fax: 512-804-4011

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

**In accordance with commission 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**

**14<sup>th</sup> day of March 2006.**

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

**Printed Name of IRO Employee:** \_\_\_\_\_