

MCMC

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

Date:	04/19/2006
Injured Employee:	
Address:	
MDR #:	M2-06-0976-01
DWC #:	
MCMC Certification #:	IRO 5294

REQUESTED SERVICES:

Please review the item(s) in dispute: Pre-authorization request for right knee arthroscopy.

DECISION: **Reversed**

IRO MCMCllc (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 04/19/2006, concerning the medical necessity of the above referenced requested service, hereby finds the following:

The right knee arthroscopy is medically necessary.

CLINICAL HISTORY:

This 42-year-old male allegedly injured his right knee and leg on _____. Dr. Smith evaluated him on 08/16/2005 for complaints of pain in the center of his knee and on the side. He said the knee was swollen and painful.

REFERENCE:

The Knee. OKU. AAOS 2002.

RATIONALE:

On examination on 08/16/2005 there was an effusion but no objective clinical findings of intraarticular or ligament pathology. The injured individual apparently had "extreme tenderness

and pain” but the site of this finding is not documented. He was treated for a knee sprain with Relafen, crutches and therapy.

The MRI study of 09/06/2005 was essentially normal with mild thinning of the patellar cartilage. He had an electromyogram (EMG) study on 10/26/2005 that apparently revealed chronic irritation of the right L5 and S1 nerve roots.

Dr. Kern evaluated him on 02/09/2006 and noted moderate to severe effusion in his knee with inability to straighten the knee, he had tenderness along the anterior medial joint line and the medical collateral ligament (MCL). Because of the swelling and lack of full extension it was difficult to examine the knee. Dr. Kern also noted a Tinel sign over the peroneal nerve.

Since the injured individual had persistent swelling and lack of full extension of the knee despite the normal MRI, the clinical findings are sufficient to warrant an arthroscopic evaluation. MRI studies are known to have a specificity and sensitivity in diagnosing intra-articular pathology that varies between 67 and 84 percent. The gold standard for a diagnostic study for the knee is an arthroscopic evaluation.

RECORDS REVIEWED:

- Notification of IRO Assignment dated 03/23/06
- MR-117 dated 03/23/06
- DWC-60
- DWC-60 Addendum: Position Statement Response to MDR
- DWC-69: Report of Medical Evaluation
- DWC-73: Work Status Report dated 02/09/06
- MCMC: IRO Acknowledgment and Invoice Notification Letter dated 03/24/06
- Jack Kern, M.D.: Report dated 02/09/06
- Intracorp: Letters dated 02/01/06 and 01/18/06 (with handwritten notes) from Intracorp Medical Department
- Orthopedic Institute of Texas: Spinal Surgery Pre-authorization Forms dated 01/26/06, 01/12/06
- Orthopedic Institute of Texas: Letter dated 01/25/06 from Edward Smith, D.O.
- Churchill Evaluation Centers: Report of Medical Evaluation dated 01/23/06 from Ingrid Zasterova, M.D. with attached Review of Medical History, Physical Examination
- Integrative Neurology: EMG/NCS Preliminary Reports dated 11/18/05, 09/26/05
- Integrative Neurology: Electrodiagnostic Reports dated 10/26/05, 09/26/05 from W. W. Grimes, D.O.
- Integrative Neurology: Neurologic Consultation dated 09/26/05 from W, W. Grimes, D.O.
- Radiology Associates: MRI right knee dated 09/06/05
- Occupational Therapy Initial Evaluation (handwritten) dated 08/23/05
- Orthopedic Institute of Texas: Consultation dated 08/16/05 from Edward Smith, D.O.
- Orthopedic Institute of Texas: Initial Visit and Findings (handwritten) dated 08/16/05
- Baylor Medical Center at Irving: Radiology Imaging Report dated 07/30/05

- Orthopedic Institute of Texas: Records of Follow-Up Visit and Findings (handwritten) dated 01/03/04, 08/30/05, 09/09/05, 10/11/05, 10/18/05, 11/18/05, 11/22/05, 01/13/06, 01/20/06

The reviewing provider is a **Licensed/Boarded Orthopaedic Surgeon** and certifies that no known conflict of interest exists between the reviewing **Orthopaedic 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

19th day of April 2006.

Signature of IRO Employee: _____

Printed Name of IRO Employee: Beth Cucchi _____