

July 20, 2006

TX DEPT OF INS DIV OF WC
AUSTIN, TX 78744-1609

CLAIMANT: ___

EMPLOYEE: ___

POLICY: M2-06-1383-01

CLIENT TRACKING NUMBER: M2-06-1383-01 5278

Medical Review Institute of America (MRIOA) has been certified by the Texas Department of Insurance as an Independent Review Organization (IRO). The Texas Department of Insurance Division of Workers Compensation has assigned the above mentioned case to MRIOA for independent review in accordance with DWC Rule 133 which provides for medical dispute resolution by an IRO.

MRIOA 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. Itemization of this information will follow.

The independent review was performed by a peer of the treating provider for this patient. The reviewer in this case is on the DWC approved doctor list (ADL). The reviewing provider has no known conflicts of interest existing 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.

Records Received:

FROM THE STATE OF TEXAS:

Notification of IRO assignment 6/23/06 - 1 page

Texas Department of Insurance Division of Workers' Compensation letter 6/23/06 - 1 page

Medical dispute resolution request/response form - 1 page

Table of disputed services - 1 page

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Provider form – 1 page

Letter from Kenneth Rosenzweig, MD/Concentra 3/17/06 – 2 pages

Letter from Maureen Knight, RN CCM/Concentra 3/9/06 – 2 pages

FROM THE RESPONDENT/TEXAS MUTUAL INS:

Check transmittal form 7/14/06 – 1 page

Letter from Texas Mutual 7/14/06 – 2 pages

Triage notes – 4 pages

MRI right knee report 1/28/04 – 2 pages

Operative report 3/24/04 – 4 pages

MRI right knee radiology report 7/2/04 – 2 pages

Report of medical evaluation 9/7/04 – 1 page

Letter from Dr. Combs, MD 9/7/04 – 3 pages

Impairment questionnaire 9/7/04 – 1 page

Chart notes 1/3/06 – 2 pages

Letter from Texas Mutual 2/20/06 – 1 page

Chart notes 2/28/06 – 1 page

Progress notes 6/12/06 – 1 page

Employee's request to change treating doctors 6/13/06 – 1 page

FROM THE REQUESTOR/DEAN CHEN/DANIEL ____:

Decision and order report 5/23/05 – 1 page

Letter from Robert E. Larig 3/3/06 – 3 pages

Chart notes 6/1/03 – 1 page

Summary of Treatment/Case History:

The patient is a 51-year-old male stuntman who received multiple injuries after tripping in a hole while running on _____. The injuries included bilateral knees and references throughout the records provided vary between left and right.

The patient was seen in the emergency department on 06/01/03 with left knee radiographs taken but different chart notes referenced right and left knee pain. There were no further records provided until 01/28/04.

A right knee MRI was performed on 01/28/04 revealing a chronic anterior cruciate ligament disruption, complex medial meniscus tear, and complex lateral meniscus tear and femorotibial degenerative chondromalacia. The patient underwent right knee anterior cruciate ligament reconstruction with partial medial and lateral meniscectomies on 03/24/04.

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Repeat right knee MRI evaluation done on 07/02/04 noted an intact anterior cruciate ligament graft with medial and lateral meniscal disruption. A required medical evaluation was conducted on 09/07/04 with notation of right knee bracing, right thigh atrophy and positive anterior drawer sign with end point. The patient was placed at maximum medical improvement with sixteen percent impairment.

On 05/23/05, a workers compensation hearing extended the claim to include the left knee.

Dr. Chen initially evaluated the patient on 01/03/06 indicating injury to both knees. The patient noted severe pain with side to side movement and climbing stairs with associated giving way and locking episodes. It was also noted that he was treating with pain management and taking Hydrocodone and Neurontin. Bilateral knee examinations noted range of motion from zero to one-hundred thirty, two plus Lachman and joint line tenderness with negative McMurray's. Dr. Chen indicated he had bilateral knee MRI reports in the chart, however there were no references made to left knee MRI findings. There were no left knee MRI reports provided for review. A diagnosis of bilateral knee pain and instability was made with suspicion of a left knee anterior cruciate ligament tear. The claimant attended physical therapy and was to continue bracing. However, it was not noted which knee was to be braced. On 02/28/06, Dr. Chen noted two plus Lachman on left knee examination and one plus Lachman on right knee examination. Left knee anterior cruciate ligament reconstruction was recommended.

The surgery was denied during review on 03/09/06 due to no convincing medical data supporting anterior cruciate ligament disruption. The patient was seen by Dr. Malone for pain management evaluation on 06/12/06 with notation of significant right knee pain with contemplation of right knee surgery. A right knee examination was documented. The claimant continued to treat with Naprosyn and Norco.

Questions for Review:

1. Items in dispute: Pre auth denied: Left knee ACL reconstruction w/BPTB autograft.

Explanation of Findings:

Left knee anterior cruciate ligament reconstruction with BPTB autograft is not recommend as medically necessary.

Multiple records are available within the documentation addressing the right knee and surgery. There is also discussion of a right knee MRI. Lacking within the medical documentation reviewed is any recent evaluation of the left knee. The most recent left knee examination was dated 02/28/06. At that time therapy was recommended, but records do not note the patient's response to therapy.

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While he has a positive Lachman on the left that might indicate ACL injury, there are no supportive MRI findings. The patient is three years post injury with significant gaps in treatment records. He is 51 years old. At the time of injury, he was involved in a high physical demand occupation; however his current physical requirements and functional limitations are not noted.

As indicated in the ACOEM Guidelines, positive examination findings should be confirmed on MRI evaluation to determine if partial or complete tearing exists. The treatment options vary at the claimant's age depending on MRI findings and physical demand. While the claimant may require surgical intervention, that determination cannot be made based solely on the records provided.

Conclusion/Decision to Not Certify:

1. Items in dispute: Pre auth denied: Left knee ACL reconstruction w/BPTB autograft.

No. Left knee anterior cruciate ligament reconstruction with BPTB autograft is not recommend as medically necessary.

Applicable Clinical of Scientific Criteria or Guidelines Applied in Arriving at Decision:

ACOEM Chapter 13, page 344.

The physician providing this review is board certified in Orthopaedic Surgery. The reviewer is a member of the Pennsylvania Medical Society, the Allegheny County Medical Society, the Interstate Orthopedic Association and the American Academy of Orthopedic Surgeons. The reviewer has served as Clinical Instructor in Orthopedics. The reviewer has served as medical director for four different organizations. The reviewer has been in active practice since 1976.

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.

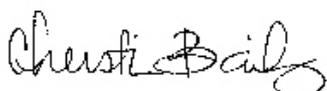
If you are disputing the decision (other than a spinal surgery prospective decision), the appeal must be made directly to a district court in Travis County (see Texas Labor Code §413.031). An appeal to District Court must be filed not later than 30 days after the date on which the decision that is the 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/Appeals Clerk
P. O. Box 17787
Austin, TX 78744

A copy of this decision should be attached to the request. 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 Division 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 20 day of Jul/2006.



Cherstin Bailey

MRIOA is forwarding this decision by mail, and in the case of time sensitive matters by facsimile, a copy of this finding to the treating provider, payor and/or URA, and the DWC.

It is the policy of Medical Review Institute of America to keep the names of its reviewing physicians confidential. Accordingly, the identity of the reviewing physician will only be released as required by state or federal regulations. If release of the review to a third party, including an insured and/or provider, is necessary, all applicable state and federal regulations must be followed.

Medical Review Institute of America retains qualified independent physician reviewers and clinical advisors who perform peer case reviews as requested by MRIOA clients. These physician reviewers and clinical advisors are independent contractors who are credentialed in accordance with their particular specialties, the standards of the American Accreditation Health Care Commission (URAC), and/or other state and federal regulatory requirements.

The written opinions provided by MRIOA represent the opinions of the physician reviewers and clinical advisors who reviewed the case. These case review opinions are provided in good faith, based on the medical records and information submitted to MRIOA for review, the published scientific medical literature, and other relevant information such as that available through federal agencies, institutes and professional associations. Medical Review Institute of America assumes no liability for the opinions of its contracted physicians and/or clinician advisors. The health plan, organization or other party authorizing this case review agrees to hold MRIOA harmless for any and all claims which may arise as a result of this case review. The health plan, organization or other

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third party requesting or authorizing this review is responsible for policy interpretation and for the final determination made regarding coverage and/or eligibility for this case.

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Case Analyst: Cherstin B ext 597

CC: Requestor
Respondent