

June 29, 2006

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

CLAIMANT: ___

EMPLOYEE: ___

POLICY: M2-06-1509-01

CLIENT TRACKING NUMBER: M2-06-1509-01-5278

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:

Records Received from the State:

- Notification of IRO Assignment, 6/12/06 - 2 pages
- Medical Dispute Resolution Request/Response, 6/12/06 - 4 pages
- Table of Disputed Services, 6/12/06 - 1 page
- Notice of Pre-Authorization, 4/20/06 - 1 page
- Notice of Pre-Authorization, 3/20/06 - 2 pages

Records Received from Insurance Company:

- Texas Workers' Compensation Work Status Report, 2/20/06 - 1 page
- Life Chiropractic Office Notes, 2/20/06-3/2/06 - 10 pages

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- Texas Workers' Compensation Work Status Report, 3/6/06 - 1 page
- Life Chiropractic Therapy Orders, 3/6/06-3/20/06 - 1 page
- Open MRI of West Texas MR Elbow Left, No Contrast, 3/3/06 - 1 page
- Open MRI of West Texas MR Knee Right, No Contrast, 3/3/06 - 1 page
- Life Chiropractic Office Notes, 3/7/06-3/13/06 - 4 pages
- Life Chiropractic Therapy Orders, 3/20/06-4/3/06 - 1 page
- Life Chiropractic Office Notes, 3/20/06 - 2 pages
- Texas Workers' Compensation Work Status Report, 5/20/06 - 1 page
- Life Chiropractic Therapy Orders, 4/3/06-4/17/06 - 1 page
- Texas Workers' Compensation Work Status Report, 4/3/06 - 1 page
- Life Chiropractic Office Notes, 3/31/06-4/12/06- 4 pages
- Texas Back and Neck Institute Office Notes, 4/12/06 - 1 page
- Life Chiropractic Office Notes, 4/13/06-4/20/06- 2 pages
- Hand and Microsurgery Center of EL Paso Examination, 4/14/06 - 3 pages
- Texas Workers' Compensation Work Status Report, 4/17/06 - 1 page
- Life Chiropractic Therapy Orders, 4/17/06-5/15/06 - 2 page
- Texas Workers' Compensation Work Status Report, 5/1/06 - 1 page
- Life Chiropractic Office Notes, 5/4/06-5/11/06- 2 pages
- Life Chiropractic Therapy Orders, 5/15/06-5/29/06 - 2 pages
- Texas Workers' Compensation Work Status Report, 5/15/06 - 1 page
- Texas Back and Neck Institute Office Notes, 5/17/06 - 1 page
- Life Chiropractic Therapy Orders, 5/29/06-6/12/06 - 1 page
- Texas Workers' Compensation Work Status Report, 5/29/06 - 1 page

Records Received from the Provider:

- Texas Back and Neck Institute Office Notes, 3/8/06-5/17/06 - 5 pages
- Open MRI of West Texas MR Knee Right, No Contrast, 3/3/06 - 1 page

Summary of Treatment/Case History:

This is a 25-year-old male who injured his right knee and left elbow at work. He was initially treated at Life Chiropractic, but continued to have knee and elbow pain. He had a MRI of the knee showing evidence of an anterior cruciate ligament (ACL) tear and a bruise of the medial femoral condyle. He was referred to the Texas Back and Neck Institute where it was noted he had a negative Lachman test. His physician recommended a microfracture repair of the ACL to stimulate healing. This was denied by the insurance company. The decision has been appealed.

Questions for Review:

Pre-auth denied: Right Knee Arthroscopy. Please review for medical necessity.

Explanation of Findings:

Pre-auth denied: Right Knee Arthroscopy. Please review for medical necessity.

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This patient injured his ACL at work. His MRI showed evidence of a tear, but his clinical exam showed little instability. The Lachman test is the most accurate clinical signs of ACL instability and his was negative. The ACL has a very limited blood supply and when completely torn will not heal. In active individuals, the ACL is reconstructed using tendon graft. In those who are not as active, rehabilitation or a brace can be used. In this case, the physician has recommended a microfracture treatment. Microfracture is done by using an awl to create small fracture lines in the subchondral bone to stimulate cartilage formation. It is commonly used in articular cartilage injuries. The insurance company has denied its use in this case since the treatment is for an ACL injury not an articular cartilage injury.

The proposed surgery is not medically necessary. While microfracture is a recognized treatment for articular cartilage injuries, ACOEM guidelines do not describe the use of microfracture for ACL injuries. Guidelines from the American Academy of Orthopedic Surgeons do not mention the use of microfracture for treatment of partial or complete ACL injuries. Review of the Journal of Bone and Joint Surgery, Clinical Orthopedics and Related Research, and Medline did not result in any studies showing the effectiveness of microfracture for ACL injuries. Since the microfracture treatment of ACL injuries is not supported by clinical studies its use here would be investigational and not medically necessary.

Conclusion/Decision to Not Certify:

The proposed surgery is not medically necessary.

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

ACOEM guidelines used.

References Used in Support of Decision:

1. ACOEM guidelines Ch 13
2. Orthopedic Knowledge Update: Sports Medicine V3 2004 from the American Academy of Orthopedic Surgeons 169-77
3. Orthopedic Knowledge Update V8 2005 from the American Academy of Orthopedic Surgeons 443-46

This reviewer is certified by the American Board of Orthopedic Surgery and is a member of the American Academy of Orthopedic Surgeons, the American Medical Association, a state Medical Society, and a state Orthopedic Association. This reviewer has authored two papers presented to the Society of Military Orthopedic Surgeons and has participated in scientific displays. This reviewer has served as a hospital Chief of Staff and has been in practice for over 25 years.

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.

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Medical Review Institute of America retains qualified independent physician reviewers and clinical advisors who perform peer case reviews as requested by MRloA 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 MRloA 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 MRloA 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 MRloA harmless for any and all claims which may arise as a result of this case review. The health plan, organization or other 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.

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 29 day of Jun/2006.

Jamie Cook

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Page 5 -

MRloA is forwarding this decision by mail, and in the case of time sensitive matters by facsimile, a copy of this finding to the DWC.

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Case Analyst: Jamie C ext 583