

MEDICAL REVIEW OF TEXAS

[IRO #5259]

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NOTICE OF INDEPENDENT REVIEW DETERMINATION

TDI-WC Case Number:	
MDR Tracking Number:	M2-07-0152-01
Name of Patient:	_____
Name of URA/Payer:	Old Republic Insurance Company
Name of Provider: (ER, Hospital, or Other Facility)	Farooq Selod, MD
Name of Physician: (Treating or Requesting)	Farooq Selod, MD

November 2, 2006

An independent review of the above-referenced case has been completed by a board certified orthopedic surgeon. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by Texas Medical Foundation, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

Medical Review of Texas (MRT) hereby certifies that the reviewing physician is on the Division of Workers' Compensation Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to MRT.

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Notice of Independent Review Determination
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Sincerely,

Michael S. Lifshen, MD
Medical Director

cc: _____
Farooq Selod, MD
Division of Workers' Compensation

RE: ____

DOCUMENTS REVIEWED

1. Various TWCC forms
2. Medical records submitted by Farooq Selod, MD
3. Medical records submitted by the insurance carrier

CLINICAL HISTORY

Mr. ____ was injured on _____. He reports that he drives a cement mixer truck and was stepping down the ladder on the truck when one of the rungs on the ladder broke. He fell injuring his lower back and his right knee. On 02/02/06, he saw Dr. Selod with complaints of lower back pain and right knee pain. He noted coughing and sneezing exacerbated his back pain. His knee was stiff and painful. Exam of his back revealed no sciatic tension signs. Neurological exam revealed some diminished feeling in the left posterior calf. The right knee was noted to have 2+ tenderness on the medial joint line with no effusion. There was no instability. Range of motion was from -10 degrees to 100 degrees with 3+ crepitus and positive McMurray's maneuver.

X-rays done outside of his office showed degenerative disk disease and osteophyte formation at L5-S1 with a PARS interarticularis defect on the right side. X-rays of his right knee showed degenerative arthritis. The diagnosis was degenerative disk disease and degenerative arthritis of the knee. He recommended conservative treatment.

On 01/20/06, after the injury, the claimant was seen in the Concentra Medical Center in Fort Worth with complaints about his back, which he reportedly injured on _____ indicating that the ladder had broke and he injured his back and both knees. Exam showed his lower back was very painful and he was in severe distress. He had no radicular findings but had a positive straight leg raising on the left. He had markedly diminished ligamentous lumbar range of motion. Lumbar X-rays showed severe degenerative changes with narrowing at L4-5 and spondylolisthesis at L5-1. Bilateral knee X-rays showed a significant amount of degenerative changes but no fractures were noted. The diagnosis was lumbosacral strain. The patient was given ibuprofen, hydrocodone and he was going to follow up with his private physician.

RE: _____

On 02/13/06, he saw Dr. Selod again and reported that he was not improving. His left leg was reported to be numb and he was complaining of right knee pain. Dr. Selod recommended an MRI of the right knee and EMG of the left lower extremity. On 02/23/06, the claimant had an MRI of the right knee done in Ft. Worth. This showed a horizontal tear in the anterior midportion of the medial meniscus, a degenerative tear of the anterolateral meniscus and severe medial compartment osteoarthritis and chondromalacia of the patella. Of particular note is the fact that the medial compartment showed advanced medial compartment wear with loss of articular cartilage and eburnated subchondral bone with bone marrow edema in the medial tibial plateau as well as prominent spur formation compatible with long standing degenerative arthritis in the knee.

On 02/27/06, Dr. Selod saw the patient again complaining of lower back pain and left leg pain and right knee pain. The exam was given and showing dysfunction of the lower back and tenderness in the right knee with limited range of motion. He recommended arthroscopic surgery of his knee.

On 03/02/06, the claimant had an EMG study of the left lower extremity showing electrodiagnostic evidence of a left lumbar radiculopathy involving L5 with findings that were acute and chronic. The person performing the EMG, DR. Selod, Omar recommended a Medrol dose pack and follow up with Dr. Farooq Selod. On 03/07/06, Dr. Selod saw the patient noting that his back was a little bit better. His right knee was still hurting. He still had tenderness in his lower back and his knee. On 03/29/06, an electrical muscle stimulation unit was apparently ordered.

On 03/31/06, Dr. Selod performed an arthroscopic surgery on the right knee with a postoperative diagnosis of torn medial meniscus and torn lateral meniscus, marked chondromalacia in the medial femoral condyle and of the lateral femoral condyle as well as chondromalacia of the patellofemoral joint and tricompartmental degenerative arthritis and a partial ACL tear. The patient underwent arthroscopic partial medial and lateral femoral condyles and the patella and a partial

RE: ____

synovectomy. Operative notes indicate a rather advanced arthritic wear in both the medial and the lateral compartments of the knee.

On 04/6/06, Dr. Selod saw the patient in follow up noting that his right knee was better but he was still having lower back pain. He recommended heating pad and home exercises.

On 04/10/06, the patient had a physical therapy evaluation for treatment of his knee difficulties. He attended therapy on multiple visits during April. He was also treated for his lower back symptoms.

On 04/27/06, Dr. Selod saw the patient and noted he was complaining of lower back pain with some pain in his right leg. The right knee was doing better than before surgery but still bothering him off and on. He recommended continuation of the home exercise program. He also wrote a letter on that date indicating medical necessity of a neuromuscular medical stimulation unit. He continued on therapy during May 2006 and therapy notes from the 05/10/06 indicate that he could only walk 50 feet and still had complaints of aching pain in his knee, back, and lower extremities. On 06/14/06, therapy notes indicate that the claimant stated that he was feeling fine and did not complain of any pain in any of his exercises. On 06/15/06, Dr. Selod saw the patient, complaining of lower back pain and some right knee pain and swelling. His lower back exam revealed mild tenderness with limited flexion and extension. The right knee revealed tenderness to palpation with flexion of 95 degrees and 0 degrees extension. He had 3+ pain on motion with a 2+ effusion, X-rays of the right knee showed no changes.

Home exercise and heating pad were recommended. He recommended that the claimant have a total knee replacement. Dr. Selod continued to follow the patient in August with similar complaints and similar recommendations. He also recommended Euflexor injections for the knee. He felt that he might need surgery as well. On 09/05/06, Dr. Selod noted that the patient was feeling better. His back and knee exams were unchanged. He stated that he has been going up and down ladders for 7 years and that type of work resulted in degenerative arthritis in the knee. On 09/12/06, noted that he could

RE: ____

not walk very far. He was having sharp lower back pains and continued to have knee dysfunction on exam. He had an injection of Euflexor in the knee. He subsequently underwent another injection in his knee on 09/16/06. He noted that he was doing a little bit better and it was felt that his L4-5 disk was doing a little better as well. On 09/26/06, he underwent the last Euflexor injection and stated that his pain was a little bit better. Dr. Selod continued to indicate that the patient was unable to work on serial TWCC-73 form. 09/14/06, Dr. Selod wrote a letter indicating that it was his opinion that the degenerative changes in Mr. ____' knee were a result of the bending and stooping and had he not injured it on ____, the degenerative changes would not have been an issue. He reported that he treated the patient conservatively and that he felt that the patient needed a knee replacement due to the degenerative changes, which he felt, were job related. He was seen again on 10/17/06 noting that he was feeling a little bit better but he could not walk very far. He still had pain in his left leg and right knee with movements. He reported that the injections had helped him. His right knee exam showed 2+ tenderness, 0 degrees range of motion, 2+ crepitus and he was again advised to use a heating pad, take Darvocet and was felt to be unable to work.

On 10/19/06, Sedgwick, CMS indicated that the medical necessity of knee replacement was not substantiated by their reviewing physician. On 08/14/06, a review was carried out by Dr. Bauer. It was his opinion that a right knee replacement was not medically necessary. He indicated that the patient had significant tricompartmental arthritis prior to the injury. He felt that unless all forms of conservative treatment had been attempted and concluded without improvement that a total knee replacement was not appropriate. He felt that no surgery should be done until he completed his conservative treatment.

REQUESTED SERVICE(S)

Replace knee joint

DECISION

Denied

RE: ____

RATIONALE/BASIS FOR DECISION

Based upon the review of these records, the claimant did sustain a work related injury on _____. He appeared to develop radicular symptoms in his left leg, which were confirmed by EMG suggesting possibly a nerve root irritation as a result of degenerative spondylosis or possibly a disc bulge or protrusion or herniation although no MRI report is included in the file. The patient had pre-existing degenerative disk changes at L4-5 and L5-S1. The claimant also sustained an injury to his right knee. Subsequent to arthroscopy he was found to have multiple degenerative changes with both medial and lateral meniscal tears, which would be compatible with a degenerative condition. Based upon the records, the patient sustained an aggravation of his underlying degenerative arthritis in the knee. The aggravation was appropriately treated with conservative measures and subsequent arthroscopic debridement. His ongoing symptoms are based on the fact that he had pre-existing degenerative arthritis. Due to the nature of the injury, the climbing of ladders would have resulted in symmetrical symptoms in both knees. Apparently the left knee is not bothersome although he does have some degenerative changes noted on X-rays. In this scenario, it is unlikely that one misstep off a ladder with strain or contusion of the knee would result in the need for knee replacement if the claimant did not have significant underlying arthritic degeneration. Therefore, the knee replacement in view of his symptoms is not a result of a single work related injury on 01/26/06. Rather, it appears to be the result of lifelong degenerative wear and deterioration of the knee as a result of the aging process, the patients relatively advanced age and other unknown conditions.

Certification of Independence of Reviewer

As the reviewer of this independent review case, I do hereby certify that I have no known conflicts of interest between the 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.

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
Division of Workers' Compensation
P.O. Box 17787
Austin, Texas 78744

Or fax the request to (512) 804-4011. A copy of this decision must be attached to the request.

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

In accordance with 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 3rd day of November, 2006.

Signature of IRO Employee: _____

Printed Name of IRO Employee: Cindy Mitchell