



December 28, 2006

Amended January 2, 2007

Re: MDR #: M2 07 0470 01 Injured Employee:
DWC #: DOI:
IRO Cert. #: 5340 SS#:

TRANSMITTED VIA FAX TO:

TDI, Division of Workers' Compensation

Attention:

Medical Dispute Resolution

Fax: (512) 804-4868

RESPONDENT: Service Lloyds

TREATING DOCTOR: Alvaro Hernandez, MD

In accordance with the requirement for DWC to randomly assign cases to IROs, DWC assigned this case to ZRC Medical Resolutions for an independent review. ZRC has performed an independent review of the medical records to determine medical necessity. In performing this review, ZRC reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

I am the president of ZRC Medical Resolutions, Inc. and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him 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 Independent Review Organization. Information and medical records pertinent to this medical dispute were requested from the Requestor and every named provider of care, as well as from the Respondent. The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician who is a board certified in orthopedic surgery and is currently listed on the DWC Approved Doctor List.

We are simultaneously forwarding copies of this report to all parties to the dispute and the TDI, Division of Workers' Compensation. This decision by ZRC Medical Resolutions, Inc. is deemed to be a DWC decision and order.

P.O. Box 855
Sulphur Springs, TX 75483
903.488.2329 * 903.642.0064 (fax)

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.

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 December 28, 2006.

Sincerely,



Jeff Cunningham, DC
President



**REVIEWER'S REPORT
M2 07 0470 01**

MEDICAL INFORMATION REVIEWED:

1. Lloyd's Insurance Company.
2. Alvaro Hernandez, MD office notes and records

BRIEF CLINICAL HISTORY:

This 53-year-old male suffered a kneeling injury to his right knee on _____. The injury was a medial meniscus tear leading to an arthroscopic surgical procedure in February 2005, and a partial medial meniscectomy was accomplished. The patient has suffered chronic right knee pain subsequent to this surgical procedure.

DISPUTED SERVICES:

Dr. Hernandez has requested preauthorization for a hemiarthroplasty of the knee. The terminology is assumed to be a request for a unicompartmental knee arthroplasty.

DECISION:

I AGREE WITH THE DETERMINATION MADE BY THE INSURANCE CARRIER IN THIS CASE.

RATIONALE OR BASIS FOR DECISION:

There is insufficient documentation to justify the diagnosis of severe posttraumatic arthritis, which could be utilized to justify the surgical procedure. There is insufficient documentation of physical findings and/or special imaging studies to justify the diagnosis of severe posttraumatic arthritis. The special imaging studies including MRI scans document only chondromalacia. There is moderate narrowing of the medial compartment suggestive of chondromalacia. There is no mention of subchondral sclerosis or osteophyte formation.

SCREENING CRITERIA/TREATMENT GUIDELINES:

Campbell's Operative Orthopedics.