

SOUTHWEST MEDICAL EXAMINATION SERVICES, INC.
7502 GREENVILLE AVENUE
SUITE 600
DALLAS, TEXAS 75231
(214) 750-6110
FAX (214) 750-5825

January 31, 2007

Re: Medical Dispute Resolution
MDR# M2-07-0695-01
DWC# _____
Injured Employee: _____
DOI: _____
SS#: _____
IRO Certificate #: IRO5313
Name of Requestor: Texas Orthopedic & Injury Center
Name of Provider: James Key, M.D.
Reviewed by: Certified in Orthopedic Surgery

TRANSMITTED VIA FAX TO:

Medical Dispute Resolution
TDI-Division of Workers' Compensation
FAX: 512-804-4868

Dear Name of Requestor:

In accordance with the requirements for TDI-Division of Workers' Compensation (DWC) to randomly assign cases to IROs, DWC has assigned your case to Southwest Medical Examination Services, Inc. (SMES) for an independent review. In performing this review, SMES reviewed relevant medical records, any documents provided by the parties referenced above, and documentation and written information submitted in support of the dispute.

I am an officer of Southwest Medical Examination Services, 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 any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician who is certified in the area of orthopedic surgery, and is currently listed on the DWC Approved Doctor List.

REVIEWER'S REPORT

Information Provided for Review:

Medical records from the Respondent include:

- Benjamin Agana, M.D., 07/11/06
- Zvi Kalisky, M.D., 11/15/06, 12/07/06
- Jennifer W. Paver, R.N., 11/15/06, 12/07/06

Medical records from the Cris Wright, M.D. include:

- Texas Orthopaedic & Injury Center, 09/12/06
- Opus Medical Management, 09/29/06
- One Step Diagnostic, 10/05/06

Medical records from the Requestor include:

- North Freeway Imaging, 01/06/05, 08/17/05
- Gulf Coast Orthopaedic and Spine Associates, 02/10/05, 03/09/05, 03/10/05, 03/22/05, 03/31/05
- East Side Surgery Center, 03/16/05
- Paul Jennings, M.D., 05/02/05
- Texas Orthopedic and Injury, 05/31/05, 07/28/05, 09/06/05, 10/11/05, 11/07/05, 11/28/05, 12/28/05, 02/01/06, 02/15/06, 03/14/06, 03/20/06, 04/12/06, 04/17/06, 05/17/06, 06/06/06, 06/28/06
- Jennifer Paver, R.N., 12/08/05, 06/07/06
- Zvi Kalisky, M.D., 12/08/05
- Orthopedic Associates, 12/13/05
- Renaissance Hospital, 02/03/06

Medical records from Ernest Roman, M.D. include:

- Jennifer Paver, R.N., 12/08/05, 06/07/06
- James Key, M.D., 11/28/05, 02/03/06, 03/20/06, 04/17/06, 06/28/06
- Ernest Roman, M.D., 07/28/05, 10/11/05, 11/07/05, 12/28/05, 02/01/06, 02/15/06, 03/14/06, 04/12/06, 05/17/06, 06/06/06
- Paul Jennings, M.D., 05/02/05, 05/31/05, 09/06/05
- James A. Ghadially, M.D., 02/10/05, 03/09/05, 03/10/05, 03/16/05, 03/22/05, 03/31/05
- Rosemary Buckle, M.D., 12/13/05

- North Freeway Imaging, Jim Cain, M.D., 01/06/05, 08/17/05
- Zvi Kalisky, M.D., 12/08/05

Clinical History:

The records indicate that a right knee injury occurred on ____, when the patient was involved in a motor vehicle collision. She complained of pain and swelling in her right knee. MRI was obtained on January 6, 2005. The cruciate ligaments were intact and a horizontal tear of the posterior horn of the medial meniscus was noted. There were no chondral defects noted at that time. Surgery was recommended.

Dr. Ghadially performed the surgery, which included debridement and chondroplasty of the medial femoral condyle and partial meniscectomy of the posterior horn of the medial meniscus. The patient did not improve following the surgery and continued to complain of pain.

The patient underwent a second procedure by Dr. Key on February 3, 2006. He performed a partial medial meniscectomy and used electrocautery to “shrink” the anterior cruciate ligament, reportedly billing for an anterior cruciate ligament reconstruction. Predictably, she did not improve following this surgery as well, and continued complaining of knee pain.

I reviewed the designated doctor examination performed on July 11, 2006, by Dr. Agana, at which point he opined that the patient had reached maximum medical improvement.

I reviewed an MRI report as well from October 5, 2006 indicating severe maceration of the entirety of the medial meniscus with cartilage loss around the femoral aspect of the medial joint space and patellofemoral joint. The reviewer noted that there was a small amount of residual medial meniscus, which was subluxed peripherally.

The request is made for repeat arthroscopy of the knee, which has been previously denied.

Disputed Services:

Right knee arthroscopy with medial meniscectomy.

Decision:

It is my opinion that the proposed arthroscopy is not reasonable or medically necessary.

Rationale:

I have reviewed the previous operative reports. The patient has medial gonarthrosis. There is no

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portion of the medial meniscus which is currently even in the joint space and, therefore, further medial meniscectomy is not likely to improve the patient's symptoms. The patient's symptoms are likely due to medial gonarthrosis. She is not having mechanical symptoms in the knee, but is simply having pain. This procedure would not likely help her pain. Therefore, it is my opinion that the surgery is not medically reasonable and necessary.

This review was conducted on the basis of medical and administrative records provided with the assumption that the material is true and correct.

This decision by the reviewing physician with Southwest Medical Examination Services, Inc. is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

If you are unhappy with this decision, you may seek judicial review of the decision. (Texas Labor Code, 413.031k) To seek such an appeal, a petition for judicial review must be filed with the Travis County District Clerk's Office in Austin, Texas not later than 30 days after the date on which the decision that is the subject of the appeal is final and appealable. (Subchapter G, Chapter 2001, of the Texas Government Code) Neither the Department of Insurance nor the Division of Workers' Compensation is considered a party to the medical dispute in a judicial review. You may wish to consult with an attorney of your choice to assist you in filing an appeal. The Division of Workers' Compensation cannot assist or provide legal advice to you in this matter."

In accordance with Commission Rule 102.4(b), I hereby certify that a copy of this Independent Review Organization (IRO) decision was sent to the carrier and the requestor and claimant via facsimile or US Postal Service from the office of the IRO on this 31st day of January, 2007.

Sincerely,

John Turner
Southwest Medical Examination Services, Inc.