

MDR Tracking Number: M5-03-1119-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective January 1, 2002 and Commission Rule 133.305 and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the issues of medical necessity. Therefore, upon receipt of this Order and in accordance with §133.308(q)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$650.00** for the paid IRO fee. For the purposes of determining compliance with the order, the Commission will add 20 days to the date the order was deemed received as outlined on page one of this order.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was the only issue** to be resolved. The supplies and materials arthrocentesis right & left, unlisted special services report, arthorcentesis aspiration injection and an office visit were found to be medically necessary. The respondent raised no other reasons for denying reimbursement for supplies and materials arthrocentesis right & left, unlisted special services report, arthorcentesis aspiration injection and an office visit charges.

This Finding and Decision is hereby issued this 9th day of May 2003.

Margaret Q. Ojeda
Medical Dispute Resolution Officer
Medical Review Division

MQO/mqo

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Order is applicable to dates of service 8/19/02 through 9/13/02 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Order is hereby issued this 9th day May 2003.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

RL/rl

March 21, 2003

**NOTICE OF INDEPENDENT REVIEW DECISION
Addendum to Determination**

RE: MDR Tracking #: M5-03-1119-01

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). ___ IRO Certificate Number is 5348. Texas Worker's Compensation Commission (TWCC) Rule §133.308 allows for a claimant or provider to request an independent review of a Carrier's adverse medical necessity determination. TWCC assigned the above-reference case to ___ for independent review in accordance with this Rule.

___ has performed an independent review of the proposed care to determine whether or not the adverse determination was appropriate. Relevant medical records, documentation provided by the parties referenced above and other documentation and written information submitted regarding this appeal was reviewed during the performance of this independent review.

This case was reviewed by a practicing physician on the ___ external review panel. This physician is board certified in anesthesiology. The ___ physician reviewer signed a statement certifying that no known conflicts of interest exist between this physician and any of the treating physicians or providers or any of the physicians or providers who reviewed this case for a determination prior to the referral to ___ for independent review. In addition, the ___ physician reviewer certified that the review was performed without bias for or against any party in this case.

Clinical History

This case concerns a 52 year-old male who sustained a work related injury to his left knee in ___. The patient reported that he fell at work injuring his knees again on ___. The patient sustained a posterior cruciate ligament injury to his left knee along with a medial medical tear. The patient also incurred a laceration contusion to the right knee. The diagnoses for this patient included Grade 2 PCL injury of the left knee, S/P medical arthroscopic partial medial menisectomy left knee, posterior horn tear to the medial meniscus right knee, and contusion laceration right knee. In the past the patient has undergone knee surgeries and has been treated with physical therapy and extensive rehabilitation. At the time of the right knee surgery, the patient was noted to have changes of the cartilage on the right femoral condyle. The patient was treated with conservative measures before the knee surgeries. The patient has also undergone several diagnostic studies.

Requested Services

Supplies & materials, arthrocentesis right & left, unlisted special services report, arthrocentesis aspiration injection and an office visit from 8/19/02 through 9/13/02.

Decision

The Carrier's determination that these services were not medically necessary for the treatment of this patient's condition is overturned.

Rationale/Basis for Decision

The ___ physician reviewer noted that the patient had documented radiographic worsening of osteoarthritis of his knees from the surgeon's note of 8/15/97 in comparison to his interpretation of the patient's X-Rays taken on 6/12/02. The ___ physician reviewer also noted that the patient did not have significant osteoarthritic findings visualized during his arthroscopic procedures. The ___ physician reviewer explained that it is difficult to determine that a pre-existing condition is the explanation of this patient's symptoms. The ___ physician reviewer indicated that the X-Rays from 6/12/02 showed moderate osteoarthritis. The ___ physician reviewer explained that a PCL rupture is a violent event and that there is a possibility of post-traumatic arthritis developing. The ___ physician reviewer indicated that it is reasonable to connect the moderate osteoarthritis seen on X-Ray 6/12/02 to the previously covered injuries and surgeries to both knees. The ___ physician reviewer explained that Hyaluronic injections remain controversial. The ___ physician reviewer indicated that there is sufficient evidence from prospective trials to make an argument for their use in mild to moderate arthritis. (Evanich CJ, Wright MB, Rydlewicz, JA, Rydlewicz JA. Efficacy of intraarticular hyaluronic acid injections in knee osteoarthritis. Clin Orthop 2001 Sep;(390): 173-81. Brandt, KD, Block JA, Michalski, JP, Moreland Lw, Caldwell, JR, Lavin PT. Efficacy and safety of intraarticular sodium hyaluronate in knee osteoarthritis. ORTHOVISC Study Group. Clin Orthop 2001 Apr;(385): 130-43.) The ___ physician reviewer also indicated that the American College of Rheumatology supports their use for mild to moderate arthritis. (Altman, Roy D. Status of hyaluronan supplementation therapy in osteoarthritis. Curr Rheumatol Rep 2003 Feb; 5 (1): 7-14.) The ___ physician reviewer explained that the use of hyaluronic acid injections is common enough and seen as reasonable in enough consensus statements. The ___ physician reviewer also explained that the care given in this case can readily be described as being within the boundaries of current standards of care. The ___ physician reviewer further explained that the care provided to this patient was medically indicated. Therefore, the ___ physician consultant concluded that the supplies & materials, arthrocentesis right & left, unlisted special services report, arthrocentesis aspiration injection and an office visit from 8/19/02 through 9/13/02 were medically necessary to treat this patient's condition.

Sincerely,

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