IRO America Inc.

An Independent Review Organization
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July 18, 2005

TWCC Medical Dispute Resolution
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Patient:
TWCC #:
MDR Tracking #: M5-05-2193-01
IRO #: 5251

IRO America Inc. (IRO America) has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission (TWCC) has assigned this case to IRO America for independent review in accordance with TWCC Rule 133.308 which allows for medical dispute resolution by an IRO.

IRO America 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.

The independent review was performed by a matched peer with the treating doctor; the Reviewer is a credentialed Panel Member of IRO America's Medical Knowledge Panel who is a licensed privider, board certified and specialized in Chiropractic care. The reviewer is on the TWCC Approved Doctor List (ADL).

The IRO America Panel Member/Reviewer is a health care professional who has signed a certification statement stating that no known conflicts of interest exist between the Reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to IRO America for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

RECORDS REVIEWED

Medical Records from Requestor, Respondent, Treating Doctor (s), including:
peer review from Philip Lening DC, report from Richard Chamblin DC, medical review from Casey Cochran DO, treatment notes and discharge notes from Apple Rehabilitation, Designated Doctor Exam from Jeffery Kalina MD, office notes from treating doctor Scott Moulton DC, Right knee MRI.

CLINICAL HISTORY

This patient, ____, reported a work related injury that occurred on March __, 2003. According to the records, Mr._____ is a 5'7", 223-lb male "make ready" service employee of

Doug Stanley Ford who slipped in a wash bay and fell. His right leg twisted at the knee and bent under him. Mr. _____-reported to the Medical Center in Lancaster for pain and swelling in the right knee. On June 24, 2003 a Functional Capacity Exam was performed and on July 21, 2003 an MRI was performed and revealed a torn medial and lateral meniscus, and a grade I sprain of the MCL. Rehab was performed, and then on March 11, 2004, right knee arthroscopy was performed.

DISPUTED SERVICE (S)

Under dispute is the medical necessity of 99214-25 office visit, G0283 electric stimulation, 97016 vasopneumatic devices, 99213-25 office visits, 97035 ultrasound, 99212-25 office visit, medical conference, 99372-25 telephone call by a physician to patient or for consultation medical management or for coordinating medical management with other health care professionals, for dates of service 4/07/04 thru 6/15/04.

DETERMINATION / DECISION

The Reviewer partially agrees with the determination of the insurance carrier in this case. The Reviewer agrees with the insurance carrier on the following: 99214-25 office visit, G0283 electric stimulation, 97016 vasopneumatic devices, 97035 ultrasound, 99212-25 office visits; the Reviewer disagrees with insurance carrier on the following: 99213-25 office visit, medical conference, 99372-25 telephone call by a physician to patient or for a consultation for medical management or for coordinating medical management with other healthcare professionals, for dates of service 4/07/04 thru 6/15/04.

RATIONALE / BASIS FOR DECISION

The treatment in this case appears to be excessive for the diagnosis given. It also appears that three different peer review doctors, Philip Lening DC on June 25,2004, Richard Chamblin DC on September 29,2003, and Casey Cochran DO on October 23,2003 all agreed as well and stated this in their review. Passive modalities such as the ones used in the disputed services would be employed during the initial phase of care to reduce swelling, inflammation and scar tissue. At this point this would only cause the patient to be dependant on doctor treatment and passive care. It would also cause the patient to become even further de-conditioned. The parameters in which they were used in this case fall outside the *Texas Workers' Compensation Lower Extremity Treatment Guidelines §134.1003 and the Texas Guidelines for Chiropractic Quality Assurance and Practice Parameters (chapter 7 & 8)*, where it would fall under the primary level of care lasting up to 8 weeks post injury. The arthroscopic surgery was performed nine months later. Since only the outer one third of the meniscus is vascularized, it would be evident immediately that this is a surgical case and not nine months later.

In response to the medical conference and telephone call, these are normal procedures in discussing the care and treatment with adjusters and other health care professionals. The re-evaluation code would be necessary to determine the status of the patient, but in this case should be used as a final evaluation due to the length of treatment.

Screening Criteria

1. Texas Workers' Compensation Lower Extremity Treatment Guidelines §134.1003
2. Texas Guidelines for Chiropractic Quality Assurance and Practice Parameters

2. General:

In making his determination, the Reviewer had reviewed medically acceptable screening criteria relevant to the case, which may include but is not limited to any of the following: Evidence Based Medicine Guidelines (Helsinki, Finland); Texas Medical Foundation: Screening

Criteria Manual (Austin, Texas); Texas Chiropractic Association: Texas Guidelines to Quality Assurance (Austin Texas); Texas Medical Foundation: Screening Criteria Manual (Austin, Texas); Mercy Center Guidelines of Quality Assurance; any and all guidelines issued by TWCC or other State of Texas Agencies; standards contained in Medicare Coverage Database; ACOEM Guidelines; peer-reviewed literate and scientific studies that meet nationally recognized standards; standard references compendia; and findings; studies conducted under the auspices of federal government agencies and research institutes; the findings of any national board recognized by the National Institutes of Health; peer reviewed abstracts submitted for presentation at major medical associates meetings; any other recognized authorities and systems of evaluation that are relevant.

CERTIFICATION BY OFFICER

IRO America has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. IRO America has made no determinations regarding benefits available under the injured employee's policy.

As an officer of IRO America Inc., I certify that there is no known conflict between the Reviewer, IRO America and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

IRO America is forwarding by mail or facsimile, a copy of this finding to the TWCC, the Injured Employee, the Respondent, the Requestor, and the Treating Doctor.

Sincerely,
IRO America Inc.

Dr. Roger Glenn Brown
President & Chief Resolutions Officer