Texas Department of Insurance, Division of Workers' Compensation
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1609

MEDICAL DISPUTE RESOLUTION FINDINGS AND DECISION

Retrospective Medical Necessity

PART I: GENERAL INFORMATION

Type of Requestor: (X) Health Care Provider ( ) Injured Employee ( ) Insurance Carrier

Requestors Name and Address:	MDR Tracking No.: M5-06-1539-01
Whigham Chiropractic 2646 S. Loop West #290 Houston, TX 77054	Claim No.:
	Injured Employee's Name:
Respondent's Name and Address:	Date of Injury:
American Home Assurance Company, Box 19	Employer's Name:
	Insurance Carrier's No.:

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Documents include the DWC-60 package. Position Summary states, "I respectfully disagree with the reviewer and feel that appropriate and necessary treatment has been provided.."

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Documents include the DWC-60 response. Position Summary states, "Future treatment will be reviewed for reasonable and necessary based on the result of the Peer Review."

PART IV: SUMMARY OF DISPUTE AND FINDINGS - Medical Necessity Services

Date(s) of Service	CPT Code(s) or Description	Medically Necessary?	Additional Amount Due (if any)
4-20-05 – 9-12-05	CPT codes 99211, 97545-WH, 97546-WH and 99371	☐ Yes ☒ No	0

PART V: MEDICAL DISPUTE RESOLUTION REVIEW SUMMARY, METHODOLOGY, AND/OR EXPLANATION

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code and Division Rule 133.308 (relating to Medical Dispute Resolution by Independent Review Organization), Medical Dispute Resolution assigned an Independent Review Organization (IRO) to conduct a review of the medical necessity issues between the requestor and respondent.

Dates of service 2-9-05 – 4-18-05 per Rule 133.308(e)(1) were not timely filed and are ineligible for review.

The Division has reviewed the enclosed IRO decision and determined that the requestor did not prevail on the disputed medical necessity issues.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION

28 Texas Administrative Code Sec. 133.308

PART VII: DIVISION DECISION

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code, Sec. 413.031, the Division has determined that the requestor is not entitled to reimbursement for the services involved in this dispute and is not entitled to a refund of the paid IRO fee.

Findings and Decision by:

	Medical Dispute Officer	6-28-06
Authorized Signature	Typed Name	Date of Findings and Decision

PART VIII: YOUR RIGHT TO REQUEST JUDICIAL REVIEW

Appeals of medical dispute resolution decisions and orders are procedurally made directly to a district court in Travis County [see Texas Labor Code, Sec. 413.031(k), as amended and effective Sept. 1, 2005]. 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. The Division is not considered a party to the appeal.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.

June 21, 2006

TX DEPT OF INS DIV OF WC
AUSTIN, TX 78744-1609

CLAIMANT: ___
EMPLOYEE: ___
POLICY: M5-06-1539-01
CLIENT TRACKING NUMBER: M5-06-1539-01-5278

Amended Review 6/26/06
Medical Review Institute of America (MRIoA) has been certified by the Texas Department of Insurance as an Independent Review Organization (IRO). The Texas Department of Insurance Division of Workers Compensation has assigned the above-mentioned case to MRIoA for independent review in accordance with DWC Rule 133, which provides for medical dispute resolution by an IRO.

MRIoA 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. Itemization of this information will follow.

The independent review was performed by a peer of the treating provider for this patient. The reviewer in this case is on the DWC approved doctor list (ADL). The reviewing provider has no known conflicts of interest existing between that 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.

Records Received:
RECORDS FROM STATE OF TEXAS
- 1 page Notification of IRO Assignment dated 5/15/06
- 1 page Letter dated 5/15/06 addressed to Medical Review Institute of America from Texas Department of Insurance - Division of Workers' Compensation
- 2 pages Medical Dispute Resolution Request/Response date-stamped 4/19/06
- 1 page Medical Dispute Resolution Request/Response date-stamped 5/10/06
- 2 pages letter dated 5/10/06 from Dean G. Pappas & Associates addressed to Division of Workers' Compensation, signed by Renee C. Keeney, Manager, Administrative Hearings
- 1 page TWCC-62 Explanation of Benefits for dates 12/30/04 to 2/7/05

RECORDS FROM INSURANCE COMPANY (RESPONDENT)
- 1 page Employers' First Report of Injury or Illness dated
- 1 page Discharge Instruction dated 11/3/03 from Whole Health Management Medical Clinic
- 1 page employee information dated 11/3/03
- 1 page Texas Workers' Compensation Work Status Report dated 11/7/03
- 1 page OJI Clinic Notes-First Visit/Injury dated ___
- 1 page Graphic Chart from Twelve Oaks Medical Center
- 1 page Daily Therapy/Rehab Record dated 12/4/03, signed by Mary Lou Mausolf, D.C.
- 3 pages Initial Comprehensive Evaluation dated 12/4/03 from Supreme Work Ready, Inc., unsigned by M. L. Mausolf, D.C.
- 58 pages Daily Therapy/rehab Records for dates 12/5/03 to ?? (last page date is not visible but it is after June, 2003), total of 58 visits
- 2 pages MRI Report of Left Knee dated 12/7/03 from Imaging Institute of Texas and signed by Kevin E. Legendre, M.D.
- 1 page Texas Workers' Compensation Work Status Report dated 12/29/03
- 1 page letter dated 12/29/03 addressed to Gallagher Bassett from Occupational Health Systems and signed by Kevin White, D.C.
- 7 pages Functional Abilities Evaluation dated 12/29/03 from Occupational Health Systems
- 8 pages IME/RME Examination dated 1/5/04, signed by J. Keith Pevey, M.D.
- 1 page Texas Workers' Compensation Work Status Report, undated, sent on 1/21/04
- 1 page Texas Workers' Compensation Work Status Report, undated, sent on 5/12/04
- 2 pages Narrative dated 6/12/04 from Supreme Work Ready, Inc., unsigned by G. E. Whigham, D.C.
- 2 pages Encounter Note dated 5/21/04, unsigned by Sherwin J. Siff, M.D.
- 2 pages letter dated 5/26/04 from Bone & Joint Clinic of Houston, signed by Sherwn J. Siff, M.D.
- 4 pages Daily Progress Reports for dates 6/3/04 to 6/21/04, total of 4 visits, unsigned and unclear who generated them
- 3 pages letter dated 7/29/04 addressed to Gallagher Bassett, signed by Aaron L. Combs, M.D., P.A.
- 3 pages letter dated 7/30/04 addressed to Gallagher Bassett, signed by Aaron L. Combs, M.D., P.A.
- 2 pages chart note dated 7/31/04 from Orthopedic Care Center, P.A., unsigned by Lubor Jarolimek, M.D.
- 87 pages documentation from Twelve Oaks Medical Center covering knee surgery
- 2 pages Texas Inpatient Authorization or Recommendation dated 11/5/04 from Genex, unsigned by Linda Reeves, R.N. AD

- 1 page Request for Designated Doctor date-stamped 9/16/05
- 2 pages Addendum dated 11/2/04 signed by Aaron L. Combs, M.D
- 1 page chart note dated 11/4/04 from Lubor Jarolimek, M.D
- 2 pages letter dated 12/13/04 from Occupational Health Systems and signed by James Hood, M.D. by rubber stamp
- 1 page addendum dated 2/23/05, unsigned by James F. Hood, M.D.
- 1 page Addendum dated 2/13/03, rubber stamp signature of James F. Hood, M.D.
- 1 page chart note dated 2/24/05 from Lubor Jarolimek, M.D.
- 2 pages letter dated 9/26/05,unsgined by James F. Hood, M.D.
- 2 pages Designated Doctor's Evaluation dated 11/2/05 signed by Barry A. Nelms, M.D.
- 1 page note addressed to "To Whom It May Concern, dated 11/2/05, unsigned
- 1 page Report of Medical Evaluation dated 11/2/05
- 1 page chart note dated 1/25/06 signed by Lubor Jarolimek, M.D.
- 2 pages letter dated 1/31/06, unsigned by James F. Hood, M.D.
- 2 pages letter dated 9/3/05, unsigned by James F. Hood, M.D.
- 2 pages letter dated 12/13/04, unsigned by James F. Hood, M.D.
- 2 pages letter dated 5/25/06, signed by Aaron L.Combs, M.D.
- 1 page Addendum dated 2/13/05 unsigned by James F. Hood, M.D.
- 1 page Report of Medical Evaluation dated 9/7/05
- 4 pages Texas Workers' Compensation Work Status Reports dated for dates 11/3/03 to 10/6/05, total of 4

RECORDS FROM REQUESTOR

- 2 pages letter dated 5/10/06 from Dean G. Pappas, & Associates, signed by Renee C. Keeney, Manager, Administrative Hearings
- 1page letter dated 10/22/03 from Cy-Fair Bone & Joint, unsigned by W. David McChesney, M.D.
- 1 page Discharge Instruction from Whole Health Management Medical Clinic, dated 11/3/03
- 1 page ; employee history dated 11/3/03
- 1 page OJI Clinic Notes-First Visit/Injury dated ___
- 1 page chart note dated 11/7/03, signed by Omer A. Ilahi, M.D.
- 2 pages MRI of the Left Knee dated 12/17/03 from Imaging Institute of Texas, signed by Kevin E. Legendre, M.D.
- 2 pages letter dated 1/23/04 signed by J. Keith Pevey, M.D.
- 8 pages IME/RME Examination dated 1/5/04, unsigned by J. Keith Pevey, M.D.
- 3 pages Response to FAX Inquiry dated 1/23/04,signed by J. Keith Pevey, M.D.
- 4 pages chart notes from Lubor Jarolimek, M.D. for dates 11/3/03 to 11/4/04, total of 4.
- 5 pages documentation from Twelve Oaks Medical Center, signed by Lubor Jarolimek, M.D.
- 1 page doctor instruction from Orthopedic Care Center, signed by Lubor R. Jarolimek, M.D.
- 1 page Postoperative Visit During Global Period dated 12/4/04
- 3 pages chart notations for dates 7/13/04 to 10/6/04 from Whighams, Chiropractic & total Health Center, unsigned, total of 21 notations
- 1 page letter addressed to "To Whom It May Concern" dated 10/15/04 from Whigham's Chiropractic & Total Health Center, signed by Dr. G.E. Whigham (degree not indicated)
- 1 page addendum to Peer Review dated 10/15/04, dated 10/15/04, signed by Dr. G. Whigham (degree not indicated)
- 15 pages chart notations for dates 11/8/04 to 9/12/05, total of 80 notations, all unsigned
- 1 page Postoperative Visit During Global Period dated 1/12/05 from Lubor Jarolimek, M.D.
- 1-page doctor instructions dated 1/12/05 signed by Lubor J. Jarolimek, M.D.
- 2 pages chart notations for dates 1/3/05 to 1/26/05, total of 9 notations, no signatures
- 4 pages Functional Capacity Evaluation dated 4/25/05 from ErgoRehab, signed by Danielle Yassall, PT
- 15 pages Texas Outpatient Authorization Recommendation dated 6/6/05 from Genex Services, Inc., and Treatment Plan/Results for dates 6/27/05 to 8/25/05, total of 31 visits
- 1 page Exit Evaluation, undated, unsigned by Dr. G. Whigham
- 1 page Video's/CD/Plan
- 2 pages Progress Summary, undated, unsigned by Dr. Whigham
- 1 page chart notations for dates 8/31/05 to 9/12/05, total of 5 notations
- 9 pages Psychological Services Progresses Notes for dates 6/29/05 to 8/25/05, total of 9 dates
- 1 page chart note dated 7/26/05 from Lubor Jarolimek, M.D.
- 1 page notation regarding the "work hardening" program, undated, unsigned
- 1 page dated 7/29/05, notation unsigned by Dr. Whigham
- 2 pages, Treatment Plan/Results dated 7/29/05, unsigned
- 1 page, Progress Notes, undated, signed by Henry Pete, RMT
- 2 pages, Report of Medical Evaluation dated 9/7/05, signed by Lubor Jarolimek, M.D.
- 1 page chart note dated 9/7/05 signed by Lubor Jarolimek, M.D.
- 1 page chart notation dated 2/20/06, unsigned
- 7 pages letter addressed to "To Whom It May Concern" dated 3/27/06, unsigned, no indication who generated the letter
- 1 page Employees Request To Change Treating Doctors dated 10/6/05
- 1 page Texas Workers' Compensation Work Status Report dated 9/12/05
- 1 page Report of Medical Evaluation dated 9/7/05
- 1 page Texas Administrative Code

- 1 page Medical Dispute Resolution Docketing Check List
- 22 pages Medical Dispute Resolution Request/Response with bills
- 2 pages Benefit Dispute Agreement dated 7/14/04
- 1 page letter dated 8/3/04from Gallagher Bass Services, Inc., addressed to Whigham's Chiropractic Center
- 4 pages TWCC-62 Explanation of Benefits
- 37 pages HCFA claim Forms for dates 5/12/04 to 9/12/05, total of 124 visits
- 1 page Work Comp Insurance Verification Form from Orthopedic Care Center, Lubor Jarolimek, M.D., P.A.

Summary of Treatment/Case History:
The rather extensive file provided indicates the patient alleges an industrial injury on ___ while employed by as a CSA-Lead. The patient alleges he was on his knees downloading luggage when he picked up a bag and began to feel pain in his left knee. He continued working and reported the injury to his supervisor. He was initially seen by Dr. Curtis in the IAH CAL Medical Clinic. He was given medication and returned to work. On 10/12/03 the patient was returned to work with light duty until 10/20/03. The patient then began a long series of visits with various providers including doctors of chiropractic, medical doctors, orthopedists, etc. Early on the patient was seen multiple times by Mary Lou Mausolf, D.C. (at Supreme Work Ready, Inc.). Dr. Mausolf indicated in a report dated 12/4/03 recommendation for an MRI and began treatment with ice, electrical stimulation, myofascial release and ultrasound. Dr. Mausolf treated at least 58 times to at least June or July 2004. It is interesting to note that the patient's pain rating did not change much, usually hovering around a 6 to 7 on a 0/10 scale, yet treatment continued.

A MRI of the left knee was performed on 12/7/03 indicating degenerative changes and an oblique tear in the medial meniscus as the only significant findings.

On 12/29/03 the patient was referred to Occupational Health Systems for a Functional Capacity Evaluation. There is no indication of who referred the patient.

On 1/5/04 the patient was seen by J. Keith Pevey, MD (orthopedist surgeon) who stated "While the patient's MRI may well demonstrate a torn medial meniscus (and I expect it does)- that does not equate with expecting its arthroscopic removal to produce any desirable clinical benefit- much less a successful outcome."

The records further indicate the patient received a left patellar replacement, left total knee arthoplasty with a patellofemoral joint implant and a plastic twist-on type patella as well as a partial medial meniscectomy. The surgery was performed by Lubor J. Jarolimek, M.D. on 11/17/04. The patient received rehabilitation therapy after surgery at Twelve Oaks Medical Center.

On 5/12/04 it appears the patient was seen by a G. E. Whigham, D.C. at the same facility as Dr. Mausolf - Supreme Work Ready, Inc. A report generated by Dr. Whigham indicates he was aware the patient's claim was in dispute but he indicated his intention to continue treating. This treatment, with Dr. Whigham, began 6 months after the alleged date of injury. Treatment continued with Dr. Whigham up to the point of the surgery on 11/17/04. It appears the patient returned to Dr. Whigham on 12/7/04 for physical therapy post-surgery which continued to at least 6/6/05 when the doctor apparently received authorization for a "work hardening" program at 5 days a week for 6 weeks. On 6/27/05 the patient began "work hardening" for at least 30 days. An exit evaluation indicates the patient can perform at "heavy physical demand category."

A report issued by Aaron L. Combs, M.D. on 7/29/04 indicates awareness of "nearly 7 months, post-injury" of physical and/or chiropractic care. The doctor states the treatment provided "does not appear reasonable and necessary. . . ." "Additional or ongoing treatment does not appear reasonable." "The claimant's ongoing and chronic care does not appear to be producing measurable or objective improvement, and does not appear provided in the least intensive and most cost effective setting." "In my opinion the continued therapy modalities and/or chiropractic care following the initial 0-8 weeks post-injury has not been reasonable and necessarily and/or causally related to the compensable event. Rather it appears directed at a pre-existing and/or chronic degenerative joint disease condition, a disease of life."

There is documentation indicating the patient received group therapy from Psychological Services. There is no indication of who referred or if the psychological counseling was certified by the carrier.

ON 10/6/05 the patient completed an Employee's Request To Change Treating Doctors indicating, "Dr. Mausolf was no longer available to provide treatment. I chose Dr. Whigham to provide continued treatment and has done so since January 2004." There is some discrepancy between the dates indicated on this request and the other records indicating Dr. Whigham began seeing the patient 5/12/04.

The Table of Disputed Services has dates from 5/12/04 to 9/12/05 and total $22,109.00.

The HCFA claim forms indicate diagnosis of #836.2 - Other tear of cartilage or meniscus of knee, current, which does not meet with the actual diagnosis of a post-surgery patient. Dr. Whigham was not treating a meniscal tear, as that is not possible with chiropractic manipulation or physical therapy modalities.

Questions for Review:
DOS: 4/20/05 through 9/12/05:
DISPUTED SERVICES: Office visits (#99211), work hardening (#97545-WH) and each additional hour (#97546-WH) and telephone call (#99371).

Explanation of Findings:
It is very clear this patient has received an exceptionally significant number of visits and services beyond what is normally provided to a post-surgery knee patient. It is clear the original chiropractic treater, Dr. Maulsof, did not achieve any gains with the patient yet continued to provide on-going treatment. The patient's pain chart on each visit constantly wavered around 6-7 on a 0/10 pain scale. It is inappropriate to continue to provide passive care to a patient who is not gaining any ground. The treatment provided by Dr. Whigham prior to the surgery of 11/17/04 also does not indicate any efficacy, yet treatment continued. Treatment after the surgery indicates the patient did therapeutic exercise, bike riding, stair-stepper, gait training, and theraband. Chart notes thereafter indicate patient improvement on every visit. This continues for many months with notations the patient continues to steadily improve.

The records from Twelve Oaks Medical Center indicate the patient received the appropriate physical rehabilitation after the surgery.

On 12/7/04 the patient returned to Dr. Whigham who continued to treat and continued up to at least 9/12/05. Dr. Whigham recommended work hardening (aka work conditioning) and provided that also. The doctor received approval from Genex on 6/6/05 to provide 6 weeks of work hardening at 5 days per week for a total of 30 days. Work conditioning began on 6/27/05, 7 months, post-surgery. Why this was approved is not indicated other than the RME recommended it. The evaluations had indicated the patient could not return to his previous job involving being on his knees, so it is not clear why work hardening (work conditioning) would have been of any value beyond the rehabilitation therapy provided by Twelve Oaks.

The basis of the work hardening program was a functional capacity evaluation provided on 4/25/05 by ErgoRehab. Functional Capacity Evaluations, also known as functional ability evaluations and quantitative functional capacity evaluations, should only be ordered when crucial. Chapter 7, page 137-138 of the ACOEM guidelines indicate, “FCE’s can be deliberately simplified evaluations based on multiple assumptions and subjective factors, which are not always apparent to their requesting physician. There is little scientific evidence confirming that FCE’s predict an individual’s actual capacity to perform in the workplace; an FCE reflects what an individual can do on a single day, at a particular time, under controlled circumstances, that provide an indication of that individual’s ability. As with any behavior, an individual’s performance on an FCE is probably influenced by multiple nonmedical factors other than physical impairments. For these reasons, it is problematic to rely solely upon the FCE results for determination of current work capability and restrictions. It is the employer’s responsibility to identify and determine whether reasonable accommodations are possible to allow the examinee to perform the essential job activities.”

Work conditioning is a highly specialized rehabilitation program that spans the transition from traditional rehabilitation therapies to return to work by simulating workplace activities and surroundings in a monitored environment. Programs may be developed and carried out by an occupational therapist and/or physical therapist. The goal is to create an environment in which returning workers can rebuild psychological self-confidence and physical reconditioning by replicating their work routine. In the present case the patient did not require work conditioning/hardening, but should have been in a self-directed home exercise program of strengthening, stretching, increasing flexibility and muscle tone. This does not require licensed supervision or be performed in an office/gym environment, but can be performed by the patient, at home and at his or her own speed.

It is noted the patient participated in group therapy sessions for psychological counselling. It is not evident in the documentation why the patient did so as there is no evidence of psychological problems.

In consultation with several orthopedic surgeons the consensus was that the appropriate course of rehabilitation for a patient with this type of surgery is approximately 3 times a week for 4 to 6 weeks. In the present case the rehabilitation continued for many months beyond what is generally recommended with little evidence of efficacy. On 5/9/05 the patient indicated to Dr. Whigham he still had numbness and constriction. Milliman Care Guidelines in the Knee Pain Section indicates, "6 to 12 visits with home program post-surgery."

On 9/7/05 Dr. Jarolimek indicated the patient was able to return to work without restrictions and was authorized by him to do so. Dr. Jarolimek indicated the patient had reached maximum medical improvement.

There is documentation indicating the patient would have either a 1% or a 15% impairment rating as per the AMA Guides to the Evaluation of Permanent Impairment. It is unclear which figure prevailed.

There is no documentation indicating the patient was a difficult case or that there was anything unusual or unique. The surgery went well, the patient demonstrated no significant residuals. Dr. Jarolimek released the patient from his care with no work restrictions. Dr. Whigham indicates on 9/12/05 "the patient will be sent back to work with restriction of no kneeling/squatting, bending, stooping or twisting the left leg/knees. There is a disconnect between the surgeon and the doctor of chiropractic's position.

The question is raised of why the patient was treated 58 times by Dr. Mausolf, with no resolution and at least 124 times (including alleged "work hardening" sessions with Dr. Whigham). These figures exceed, by far, what is considered usual, customary and reasonable either in the medical field or the chiropractic field.

Conclusion/Decision to Not Certify:
DOS: 4/20/05 through 9/12/05:
DISPUTED SERVICES: Office visits (#99211), work hardening (#97545-WH) and each additional hour (#97546-WH) and telephone call (#99371).

Medical necessity is not shown for the treatment provided between the disputed dates of service or for the alleged work hardening (aka Work Conditioning), additional time per hour or for phone calls billed to carrier.

Applicable Clinical of Scientific Criteria or Guidelines Applied in Arriving at Decision:
This decision is based upon voluminous documentation, local and national community standards and the following reference:

References Used in Support of Decision:
- Occupational Medicine Practice Guidelines, 2nd Edition, American College of Occupational and Environmental Medicine, OEM Press, 2004. Citations are referenced in the text of the discussion.
- Milliman Care Guidelines, Milliman USA, Inc., 9th Edition. Ambulatory Care. Knee Pain Section.

This reviewer has been provided by a licensed chiropractor in active practice for over twenty years. This reviewer is a Board eligible Chiropractic Orthopedist and is a member of their state Chiropractic Association and the American Chiropractic Association. This reviewer specializes in disability evaluation, industrial injuries, roentgenology and independent medical examinations and is active in continuing education related to disability and impairment ratings. The reviewer has additional qualifications and training in Acupuncture. This reviewer is certified by their State Chiropractic Association in Industrial Disability examinations and evaluations.

MRIoA is forwarding this decision by mail, and in the case of time sensitive matters by facsimile, a copy of this finding to the DWC.

It is the policy of Medical Review Institute of America to keep the names of its reviewing physicians confidential. Accordingly, the identity of the reviewing physician will only be released as required by state or federal regulations. If release of the review to a third party, including an insured and/or provider, is necessary, all applicable state and federal regulations must be followed.

Medical Review Institute of America retains qualified independent physician reviewers and clinical advisors who perform peer case reviews as requested by MRIoA clients. These physician reviewers and clinical advisors are independent contractors who are credentialed in accordance with their particular specialties, the standards of the American Accreditation Health Care Commission (URAC), and/or other state and federal regulatory requirements.

The written opinions provided by MRIoA represent the opinions of the physician reviewers and clinical advisors who reviewed the case. These case review opinions are provided in good faith, based on the medical records and information submitted to MRIoA for review, the published scientific medical literature, and other relevant information such as that available through federal agencies, institutes and professional associations. Medical Review Institute of America assumes no liability for the opinions of its contracted physicians and/or clinician advisors. The health plan, organization or other party authorizing this case review agrees to hold MRIoA harmless for any and all claims which may arise as a result of this case review. The health plan, organization or other third party requesting or authorizing this review is responsible for policy interpretation and for the final determination made regarding coverage and/or eligibility for this case.

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Case Analyst: Raquel G ext 518
R062606G