

**THIS DECISION HAS BEEN APPEALED. THE
FOLLOWING IS THE RELATED SOAH DECISION NUMBER:**

SOAH DOCKET NO. 453-02-3636.M2

NOTICE OF INDEPENDENT REVIEW DECISION

June 13, 2002

Requestor

Respondent

RE: Injured Worker:
MDR Tracking #: M2-02-0746-01
IRO Certificate #: 4326

The ___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ___ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a ___ physician reviewer who is board certified in orthopedic surgery which is the same specialty as the treating physician. The ___ physician reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to ___ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This 46 year old male sustained an injury to his right knee while at work on ___. The treatment plan included conservative treatment, arthroscopic knee surgery on 03/02/00, right total knee replacement on 08/07/00 and total knee revision on 06/18/01. The patient has continued to have knee pain over a protracted length of time requiring the use of pain medications which, according to the treating physician, has caused addiction to pain medications. The treating physician recommended outpatient methadone drug rehabilitation treatment.

Requested Service(s)

Outpatient methadone drug rehabilitation treatment.

Decision

It is determined that outpatient methadone drug rehabilitation treatment is not medically necessary.

Rationale/Basis for Decision

The goal should be to assist the patient to become drug free. Therefore, in view of this patient having been on methadone since December 2001, a comprehensive traditional drug rehabilitation program would be preferable to a drug substitution program (methadone for vicodin).

In communication dated 03/04/02, the patient states that he has to have the medicine (methadone) to (relieve) "most of my pain". There is no documentation that identifies the degree of pain and the origin of the pain. Based on the physician's medical records, concerning the patient's scheduled use of controlled drugs in the past, the best program to assist this patient in pain relief would be a comprehensive traditional drug rehabilitation program. It is therefore determined that outpatient methadone drug rehabilitation is not medically necessary.

This decision by the IRO is deemed to be a TWCC decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) days of your receipt of this decision (20 Tex. Admin. Code 142.5(c)).

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Workers' Compensation Commission, P.O. Box 40669, Austin, Texas, 78704-0012. **A copy of this decision should be attached to the request.**

The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute (Commission Rule 133.308 (t)(2)).

Sincerely,