

INDEPENDENT REVIEW INCORPORATED

June 6, 2002

Re: Medical Dispute Resolution
MDR #: M2-02-0720-01
IRO Certificate No.: IRO 5055

Dear :

Independent Review, Inc. (IRI) has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). Texas Workers' Compensation Commission Rule 133.308 "Medical Dispute Resolution by an Independent Review Organization", effective January 1, 2002, allows an injured employee, a health care provider and an insurance carrier to appeal an adverse determination by requesting an independent review by an IRO.

In accordance with the requirement for TWCC to randomly assign cases to IROs, TWCC assigned your case to IRI for an independent review. IRI has performed an independent review of the medical records to determine medical necessity. In performing this review, IRI reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a doctor of Chiropractic Medicine.

THE PHYSICIAN REVIEWER OF THIS CASE **DISAGREES** WITH THE DETERMINATION MADE BY THE INSURANCE CARRIER ON THIS CASE.

I am the Secretary and General Counsel of Independent Review, 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.

We are forwarding herewith a copy of the referenced Medical Case Review with reviewer's name redacted. We are simultaneously forwarding copies to the patient, the payor, and the Texas Workers' Compensation Commission. This decision by Independent Review, Inc. is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of this 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 ten (10) days of your receipt of this decision (28 Tex. Admin. Code 142.5©).

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 twenty (20) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you five (5) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5 (d)). A request for a hearing should be sent to:

Chief Clerk of Proceedings
Texas Workers' Compensation Commission
P.O. Box 40669
Austin, TX 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.

I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on 6/5/02.

Sincerely,

Gilbert Prud'homme
Secretary & General Counsel
GP:mbs
Enclosure

MEDICAL CASE REVIEW

This is for Independent Review Incorporated, 1601 Rio Grande, Suite 420, Austin, Texas 78701. I have reviewed the medical information forwarded to me concerning TWCC Case File #M2-02-0720-01 in the area of Chiropractic. The following documents were presented and reviewed:

A. MEDICAL INFORMATION REVIEWED:

1. TWCC IRO Assignment, dated 05/13/02, one page.
2. TWCC #60, Medical Dispute Resolution Request and Response, dated 05/14/02, 2 pages.
3. TWCC #60, Table of Disputed Services form requesting pre-authorization for six weeks of work hardening, one page.
4. Memorial Hermann letter of explanation for denial of claims, dated 05/14/02, 2 pages.

5. Preliminary notice of adverse determination, dated 02/28/02, 2 pages.
6. Request for reconsideration, dated 02/28/02, one page.
7. Notice of adverse determination, dated 03/01/02, 2 pages.
8. Notice of adverse determination, dated 03/12/02, 2 pages.
9. Letter to Jack Barnett, D.C. from Metro Insurance, dated 03/12/02.
10. Medical Dispute Resolution pre-authorization dispute letter from Jack T. Barnett, D.C., dated 03/15/02, one page.
11. TWCC reports, #73, dated 3/01/02, 01/11/02, 12/28/01, 8/22/01, and 08/16/01, 5 pages.
12. Progress notes from Lubor J. Jarolimek, M.D. (Orthopedic surgeon), dated 04/25/02, 2 pages; 03/04/02, 2 pages; 01/17/02, one page.
13. RME Report from Bruce Weiner, M.D., dated 08/20/01, 2 pages.
14. Airline Chiropractic and Rehabilitation, P.A., 19 pages of office visits notes dated from 01/18/02 through 04/23/02.
15. Functional capacity evaluation from Jack Barnett, D.C., dated 05/02, 25 pages.

B. SUMMARY OF EVENTS:

The patient incurred a left knee injury at work on _____. The records indicate that he is a 37-year-old male who was employed as a mechanic for _____. Apparently, his left knee was injured from falling into a partially opened manhole. Subsequent reports indicate left knee meniscus derangement. Treatment has included conservative care from his treating physician/chiropractor, Jack T. Barnett, D.C., and a partial medial and lateral meniscectomy of the left knee and insertion of a PCA pump for postoperative analgesia through a separate superolateral incisional portal.

This review is for medical dispute for denial of pre-authorization of a work hardening program.

C. OPINION:

I DISAGREE WITH THE DETERMINATION MADE BY THE INSURANCE CARRIER ON THIS CASE.

The treating physician's office notes provide supporting clinical information which supports the medical necessity of a work hardening program. The clinical notations of Jack T. Barnett, D.C. include limitations of range of motion, joint restriction, weakness, muscle atrophy, and strength deficits.

The office notes of Lubor J. Jarolimek, M.D. also reflect, "Left quadricep atrophy is severe compared to right." "The patient requires full dynamic strength to his left knee joint for the type of work that he does, i.e., he is employed as a mechanic and frequently climbs scaffolding and performs heavy lifting." "Please consider my request for a work hardening program as medically necessary."

Functional capacity evaluation dated 02/05/02: "The patient reports he is experiencing left knee pain and weakness exacerbated by squatting and knee extension." "The patient reported increased knee pain with full extension and resisted extension of the left knee." "The patient reported increased knee pain during the floor, knee, and waist aspects of the task lift exercises. The patient does not exhibit the lifting ability to return to his former employment at this time." "The patient was unable to perform the squatting aspects of the work activities due to increased left knee pain. The patient does not exhibit the work agility to return to his former employer at this time." "The patient reported increased left knee pain during the walking aspect of the postural activities. The patient reported left knee pain and numbness as well as lumbar pain during the standing aspect of the postural activities."

D. DISCLAIMER:

The opinions rendered in this case are the opinions of this evaluator. This medical evaluation has been conducted on the basis of the documentation as provided to me with the assumption that the material is true, complete and correct. If more information becomes available at a later date, then additional service, reports or consideration may be requested. Such information may or may not change the opinions rendered in this evaluation. My opinion is based on the clinical assessment from the documentation provided.

Date: 5 June 2002