

April 19, 2004

NOTICE OF INDEPENDENT REVIEW DECISION
Corrected Letter

RE: MDR Tracking #: M2-04-1011-01

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The ___ 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. The reviewer has met the requirements for the ADL of TWCC or has been approved as an exception to the ADL requirement. This physician is board certified in psychiatry. 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 30 year-old male who sustained a work related injury on ___. The patient reported that while at work, he fell in the parking lot while chasing a shoplifter. The initial diagnoses for this patient included left swollen knee, and right scraped knee. The patient has undergone x-rays of the knee on 6/13/01, 6/18/01, 6/25/01, and 6/28/02. An MRI of the knee was performed on 6/18/01 and 4/16/02. On 4/1/03 the patient underwent a joint survey and an EMG/NCV was performed on 1/27/04. The diagnoses for this patient's condition have included left knee partial ACL tear and contusion, bilateral knee derangement, loose body in knee, and condromaliacia patella. Treatment for this patient's condition has included physical therapy, work hardening/conditioning, and medications. On 9/14/01 the patient underwent knee arthroscopy. The patient has a past medical history of torn cartilage of the right knee and underwent arthroscopy surgery in 10/98.

Requested Services

Biofeedback times 12 Sessions.

Decision

The Carrier's denial of authorization for the requested services is upheld.

Rationale/Basis for Decision

The ___ physician reviewer noted that this case concerns a 30 year-old male who sustained a work related injury to his left knee on ____. The ___ physician reviewer noted that the patient sustained a left knee ACL tear and contusion with subsequent patella chondromalacia and a loose body. The ___ physician reviewer indicated that the patient had received NSAIDS, physical therapy, arthroscopic surgery, and several treatments to return him to his previous employment. The ___ physician reviewer noted that the patient has been reported to be coping poorly with stress secondary to his inability to work. The ___ physician reviewer also noted that the patient has been reported to be sad and depressed over the chronic pain and slow improvement in his condition. The ___ physician reviewer indicated that the patient had been advised to begin 12 biofeedback sessions to teach him to relax and better cope with his difficulties.

The ___ physician reviewer explained that this patient has not been examined by a clinical psychiatrist to determine his overall mental and characterologic diagnoses. The ___ physician reviewer indicated that although the patient has been sad and depressed, a course of behavioral biofeedback relaxation training sessions is not indicated at this time. The ___ physician reviewer explained that the documentation provided did not show that the patient had been tried and failed on a course of selective serotonin reuptake inhibitors or benzodiazepines. The ___ physician reviewer also explained that there is no clear cut data provided suggesting that the biofeedback would be more effective in treating this patient's condition than other modalities. Therefore, the ___ physician consultant concluded that the requested biofeedback times 12 sessions is not medically necessary to treat this patient's condition at this time.

This decision 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 a hearing should be sent to:

Chief Clerk of Proceedings/Appeals Clerk
P.O. Box 17787
Austin, TX 78744
Fax: 512-804-4011

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,

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 this 14th day of April 2004.