

October 11, 2004

Re: MDR #: M2-04-1602-01
IRO Cert. #: 5055

Dear ____

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

I am the Secretary and General Counsel of ____ 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 care for determination prior to referral to the Independent Review Organization.

Information and medical records pertinent to this medical dispute were requested from the Requestor and every named provider of care, as well as from the Respondent. The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician who is Board Certified in Pain Management and is currently listed on the TWCC Approved Doctor List.

REVIEWER'S REPORT

Information Provided for Review:

TWCC-60, Table of Disputed Services, EOB's

Information provided by Requestor:

- office notes 10/16/03 – 07/15/04
- FCE 10/21/03
- nerve conduction study 10/09/03
- operative report 04/28/03
- radiology reports 01/14/03 – 02/02/04

Information provided by Orthopedic Surgeon:

- office notes 11/01/03 – 08/23/04

Information provided by Respondent:

- correspondence

Information provided by another Orthopedic Surgeon:

- impairment rating exam 09/22/03

Information provided by Chiropractor:

- office note 08/12/04

Clinical History:

The claimant is a 43-year-old female who injured her knee while working on _____. She has received arthroscopy of the knee and rehabilitation of the knee and has partially completed a pain management program.

Disputed Services:

Additional ten days of a pain management program.

Decision:

The reviewer disagrees with the determination of the insurance carrier and is of the opinion that an additional ten days of the chronic pain management program is medically necessary in this case.

Rationale:

The rationale for completion of this pain management program is that the patient has responded well. In fact it appears from the notes provided, that her only hope of getting back to gainful employment would be a chronic pain management program with cognitive behavioral considerations. Certainly, her weight in this case is impairing her progress; and, completing the final 10 days of the pain management program with psychological services as well as reconditioning services would be appropriate for her.

We are simultaneously forwarding copies of this report to the payor and the Texas Workers' Compensation Commission. This decision by ___ 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, MS-48
7551 Metro Center Dr., Ste. 100
Austin, TX 78744-1609

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 October 11, 2004.

Sincerely,