

January 28, 2005

TEXAS WORKERS COMP. COMISSION
AUSTIN, TX 78744-1609

CLAIMANT:

EMPLOYEE:

POLICY: M2-05-0663-01

CLIENT TRACKING NUMBER: M2-05-0663-01 / 5278

Medical Review Institute of America (MRIOA) has been certified by the Texas Department of Insurance as an Independent Review Organization (IRO). The Texas Workers Compensation Commission has assigned the above mentioned case to MRIOA for independent review in accordance with TWCC 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 TWCC approved doctor list (ADL). The reviewer has signed a statement indicating they have no known conflicts of interest existing between themselves and the treating doctors/providers for the patient in question or any of the doctors/providers who reviewed the case prior to the referral to MRIOA for independent review.

Records Received:

Records from the State:

- Notification of IRO Assignment, 1/14/05
- Notice of receipt of request for Medical Dispute Resolution, 1/14/05
- Medical Dispute Resolution Request/Response form, 12/30/04
- Table of Disputed Services
- TWCC Pre-Authorization Report and Notification form, 12/8/04

Records from John McConnell, MD:

- Letter from Robert F. Josey, 1/21/05
- TWCC Pre-Authorization Report & Notification forms, 6/17/04, 7/16/04, 8/20/04, 12/8/04

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- Notice of Disputed Issue(s) and Refusal to Pay Benefits, 1/7/05
- Reviews by Lloyd D. Payne, BS, DC, 9/15/03, 7/24/03
- Payment of Compensation or Notice of Refused/Disputed Claim forms, 4/26/04, 3/16/03

Records from the Requestor:

- TWCC Pre-Authorization Report & Notification form, 12/8/04
- Argus Services Corporation Pre-Authorization Request Form
- BioniCare Bio-1000 Prescription form, 6/2/04
- Statement of Medical Necessity/Letter of Medical Necessity, and Prescription for DME, 6/2/04
- Initial Exam, Charles Rutherford, MD, 1/21/03
- Follow-up visit, Charles Rutherford, MD, 4/23/03
- Visit notes/Reports noting Gregory Davidovich, DC as PCP, 6/21/04, 7/8/04, both included Statements of Medical Necessity and Prescriptions for BioniCare Bio-1000
- Evaluation and Management Services check sheet for complaints, 6/21/04
- MRI scans, left knee, 12/11/02, 4/11/02
- 15 page Examination and report by John McConnell, MD, 2/25/04

Summary of Treatment/Case History:

The claimant is a 37 year-old female who was 4' 11" tall and weighed 236 lbs. on 1/21/03. On ___ she slipped and fell at work, injuring her left wrist. She began chiropractic treatment on 4/6/01 and has received over 200 chiropractic treatments to date. She underwent a left carpal tunnel release in ___ and was doing work hardening, when she squatted and "injured her left knee." She has undergone 2 arthroscopies on her left knee. Weight bearing x-rays of the bilateral knees on 1/21/03 were read by Dr. Rutherford as revealing complete cartilage loss medially and some patellofemoral joint changes. The 12/11/02 MRI of the left knee revealed tri-compartmental degenerative arthrosis, status post arthroscopic surgery. On 6/2/04, Dr. McConnell prescribed a BioniCare BIO-1000 to reduce the symptoms of osteoarthritis of the left knee. On 7/8/04, Dr. Davidovich performed a physical examination of the left knee and noted pain with motion and crepitation.

Questions for Review:

1. Please address prospective medical necessity of the proposed purchase of BIO-1000, regarding this patient.

Explanation of Findings:

The MRI findings of 12/11/02 are consistent with significant osteoarthritis of the left knee which, with a reasonable degree of medical probability and certainty, pre-existed the ____ "knee injury" and was most likely due to her long standing obesity rather than any specific injury.

The 20-page report of Dr. Davidovich, although verbose, stated only obvious findings of a minor decreased range of motion and crepitation of the left knee. His examination failed to note a surgical scar on the left wrist, even though it is known the claimant had a left carpal tunnel release.

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On 1/21/03 Dr. Rutherford stated the claimant was 4' 11" tall and weighed 236 lbs. However, the 6/2/04 prescription for durable equipment completed by Dr. McConnell stated the claimant was 5' 1" tall and weighed 165 lbs. Therefore the validity of these examinations performed at the McConnell Orthopedic Clinic is unclear.

Conclusion/Decision to Not Certify:

1. Please address prospective medical necessity of the proposed purchase of BIO-1000, regarding this patient.

The BIO-1000 is not medically necessary for use on this claimant. She has bilateral osteoarthritis of the knees, is obese, and is unlikely to benefit on a long-term basis from the use of this equipment when compared with other conservative forms of treatment. The use of the BIO-1000 system has not been shown to change the course of osteoarthritis in weight bearing joints.

Applicable Clinical of Scientific Criteria or Guidelines Applied in Arriving at Decision:

As stated above, the use of the BIO-1000 system has not been shown to change the course of osteoarthritis in weight bearing joints. The only studies in the peer-reviewed literature concerning this system had too few subjects to be of statistical significance. There is no article that provides conclusive clinical evidence that the BIO-1000 system provided more benefit than a placebo.

References Used in Support of Decision:

Clinical Evidence

EMBASE/Evidence Based Medicine

The physician providing this review is board certified in Orthopedic Surgery. The reviewer also holds additional certifications from the National Board of Medical Examiners, the American Board of Orthopedic Surgery and their state Workers Compensation Commission. Professional Society memberships include the American Society for Laser Medicine and Surgery and the American College of Sports Medicine. The reviewer currently serves as an instructor in the department of surgery, division of orthopedics at a major medical teaching institution as well as participating in private practice. The reviewer has been in active practice since 1975.

MRIOA is forwarding this decision by mail, and in the case of time sensitive matters by facsimile, a copy of this finding to the treating provider, payor and/or URA, patient and the TWCC.

YOUR RIGHT TO REQUEST A HEARING

Either party to the 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 as per 28 Texas Admin. Code 142.5.

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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 as per Texas 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
POB 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

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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cc: Requestor
Respondent