

MCMC

IRO Medical Dispute Resolution M2 Prospective Medical Necessity IRO Decision Notification Letter

Date.....2/11/05
Injured Employee.....
MDR #.....M2-05-0684-01
TWCC#.....
MCMC Certification #..5294

DETERMINATION: Denied

Requested Services:

Please address prospective medical necessity of the proposed purchase of a Bio-1000, regarding the above-mentioned injured worker.

MCMC llc (MCMC) is an Independent Review Organization (IRO) that has been selected by The Texas Workers' Compensation Commission (TWCC) to render a recommendation regarding the medical necessity of the above requested service.

Please be advised that a MCMC Physician Advisor has determined that your request for an M2 Prospective Medical Dispute Resolution on 1/14/05, concerning the medical necessity of the above referenced requested service, hereby finds the following:

Purchase of the Bio1000 unit is not medically necessary nor supported by the medical literature for this injured individual.

This decision is based on:

- TWCC Notification of IRO Assignment dated 1/14/05
- TWCC MR-117 dated 1/14/05
- TWCC-60 stamped received 1/3/05
- Concentra: Review dated 12/6/04; Appeal dated 12/15/04
- Jeffrey Lust: Letter dated 1/19/05
- PRA dated 3/15/02
- Michael Seals, MD: Letter to CNA Insurance dated 10/16/02
- North Dallas Diagnostic Center: Right lower extremity duplex doppler dated 3/26/03
- Clear Sky MRI: Bilateral Knee X-rays dated 3/6/01, MRI left knee dated 3/6/01, MRI left wrist dated 3/6/01
- James Zerner, MD: MRI of the Cervical Spine dated 9/3/03
- Healthsouth: MRI Scan of the Lumbar Spine w/ contrast done 6/4/02, MRI Scan of the left knee done 11/14/02, MRI Scan of the right knee done 11/22/02
- Texas Imaging and Diagnostic Center: Post Arthrogram MRI of L knee done 6/23/04, L Knee arthrogram injection done 6/23/04; Gadolinium MR Arthrogram of the L Shoulder done 4/30/04; L Shoulder Arthrogram done 4/30/04
- Bionicare: Letter by Kim Safka to Concentra dated 12/7/04; Bio-1000 prescription dated 7/6/04; Statement of Medical Necessity dated 7/6/04

- Anthony Esquibel, DC: “Report Type: E&M Service” for DOS 9/7/04, 7/6/04, 8/3/04
- McConnell Orthopedic Clinic: H&Ps dated 1/9/04, 3/25/04; Injection Note dated 1/22/04

The injured individual is a 50-year-old female with a date of injury if _____. The diagnosis is degenerative joint disease (DJD) of the knee due to age and prior knee damage and surgery. The injured individual also has diagnoses of a prior cervical fusion in '99 and '01, lumbar degenerative disc disease (DDD), and shoulder tendonitis. MRIs showed she developed a full anterior cruciate ligament (ACL) tear with grade III chondromalacia. She has had hyalrgan injections into the knee with no success. The attending physician (AP) is now requesting a Bio-1000 unit to treat her knee pain. He states in the appeal letter dated 12/07/2004 that this device can be used as treatment in lieu of a total knee replacement, which her radiologic studies seem to indicate she needs. There is nothing in the medical literature about this particular device as a treatment for knee osteoarthritis (OA). This is an unproven device, is investigational, and has no documented efficacy in the treatment of knee OA or other musculoskeletal problems.

This decision by MCMC is deemed to be a Commission decision and order (133.308(p) (5)).

The reviewing provider is a Boarded Anesthesiologist and certifies that no known conflict of interest exists between the reviewing **anesthesiologist** and any of the treating providers or any providers who reviewed the case for determination prior to referral to the IRO.

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

This decision is deemed received by you 5 (five) days after it was mailed (28Tex.Admin. Code 102.4(h)(2) or 102.5(d)). A request for a hearing **and a copy of this decision** should be sent to:

Chief Clerk of Proceedings / Appeals Clerk
Texas Workers' Compensation commission
P.O. Box 17787
Austin, Texas, 78744
Fax: 512-804-4011

The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute.

In accordance with commission rule 102.4(h), 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

11 day of February 2005.

Signature of IRO Employee: _____

Printed Name of IRO Employee: _____