



Specialty Independent Review Organization, Inc.

February 28, 2005

Hilda Baker
TWCC Medical Dispute Resolution
7551 Metro Center Suite 100
Austin, TX 78744

Patient:
TWCC #:
MDR Tracking #: M2-05-0777-01
IRO #: 5284

Specialty IRO has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to Specialty IRO for independent review in accordance with TWCC Rule 133.308 which allows for medical dispute resolution by an IRO.

Specialty IRO 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.

This case was reviewed by a licensed Doctor of Osteopathy who is board certified in Orthopedics. The reviewer is on the TWCC ADL. The Specialty IRO health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to Specialty IRO for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

CLINICAL HISTORY

This 44 year old female was employed at ___ as a 6th grade teacher. She slipped and fell on ___ when the floor was wet. She was walking and her right knee started to buckle, she twisted her left knee as she fell. She missed approximately 6 weeks of work. The patient had surgery on her left knee with a partial medial meniscectomy, a debridement of the anterior cruciate ligament, abrasion arthroplasty, chondroplasty, lateral meniscus repair, and lysis of adhesions. On a progress note of 4/05/2004 the patient had pain in both the left and right knee. The left knee shows narrowing of the medial joint space. The patient has difficulty climbing stairs, standing, and walking for any distance. The patient saw Dr. Pinotti, a Chiropractor, on 07/21/2004, who recommended continued treatment 2-3 times a week.

Records Reviewed:

Letter – Texas Association of School Boards: 10/11/2004, 11/05/2004.

Records from Carrier:

Esquibel, DC – 01/25/2005 (47 pages).

C. Xeller, MD – 01/06/2005

M. Lishen, MD – 07/08/2004.

Bionicare Letter – 11/02/2004, 11/15/2004.

J. McConnell, MD – 7/19, 7/26, 8/03/2003 (Supratz Injections)

_____, 01/20/2004, 01/28/2004, 04/05/2004.

Bionicare Information – no date.

Rheumatology News Letter, September 03.

Article by Wang, W et al, Up-regulation of Chondrocyte Matrix Genes and Products by Electric Fields, Clinical Ortho & Related Research Vol 427S, October 2004, p. 163-173.

Records from Doctors/Facility:

A. Esquibel, DC – Report, 01/25/2005.

REQUESTED SERVICE

The item in dispute is the prospective medical necessity of a BIO-1000 system.

DECISION

The reviewer agrees with the previous adverse determination.

BASIS FOR THE DECISION

The BIO-1000 System is a low amplitude negative monophasic pulsed electrical field. This patient has had a major injury to her knee and is developing the degenerative arthritis which is causing her pain. According to ACOEM Guidelines, the use of physical modalities such as electrical stimulators has no scientifically proven efficacy.

ACOEM GUIDELINES, Chapter 13 (Knee) p. 341-343.

Andrews, J – PHYSICAL REHABILITATION OF AN INJURED ATHLETE, 3rd Edition.

Brotzman & Wilk – CLINICAL ORTHOPEDIC REHABILITATION, 2nd Edition.

Specialty IRO has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. Specialty IRO has made no determinations regarding benefits available under the injured employee's policy. Specialty IRO believes it has made a reasonable attempt to obtain all medical records for this review and afforded the requestor, respondent and treating doctor an opportunity to provide additional information in a convenient and timely manner.

As an officer of Specialty IRO, Inc, dba Specialty IRO, I certify that there is no known conflict between the reviewer, Specialty IRO and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

Sincerely,

Wendy Perelli, CEO

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.

In the case of prospective *spinal surgery* decision, a request for a hearing must be made in writing and it must be received by the TWCC Chief Clerk of Proceedings within **10** days of your receipt of this decision. (20 Tex. Admin. Code 142.5(c)).

In the case of other *prospective (preauthorization) medical necessity* disputes 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, Texas Worker's Compensation Commission, P.O. Box 17787, Austin, TX 78744. The fax number is 512-804-4011. A copy of this decision should be attached to the request.

The party appealing this decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute, per TWCC rule 133.308(u)(2).

Sincerely,

Wendy Perelli, CEO

I hereby certify, in accordance with TWCC Rule 102.4 (h), that a copy of this Independent Review Organization decision was sent to the carrier, requestor, claimant (and/or the claimant's representative) and the TWCC via facsimile, U.S. Postal Service or both on this
28th _____ day of **February** _____, **2005** _____

Signature of Specialty IRO Representative:

Name of Specialty IRO Representative: Wendy Perelli