

MEDICAL REVIEW OF TEXAS

[IRO #5259]

3402 Vanshire Drive

Austin, Texas 78738

Phone: 512-402-1400

FAX: 512-402-1012

NOTICE OF INDEPENDENT REVIEW DETERMINATION

TWCC Case Number:	
MDR Tracking Number:	M2-05-1047-01
Name of Patient:	
Name of URA/Payer:	Liberty Mutual Fire Insurance Company
Name of Provider: (ER, Hospital, or Other Facility)	Bionicare Medical Technologies
Name of Physician: (Treating or Requesting)	John McConnell, MD

March 16, 2005

An independent review of the above-referenced case has been completed by a medical physician board certified in physical medicine and rehabilitation. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by Texas Medical Foundation, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

Medical Review of Texas (MRT) hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to MRT.

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Sincerely,

Michael S. Lifshen, MD
Medical Director

cc:

Bionicare Medical Technologies
John McConnell, MD
Texas Workers Compensation Commission

RE:

CLINICAL HISTORY

47-year-old female with work related DOI of ____, details not available. She went on to have Arthroscopy with menisectomy 2-2003. Has received a series of Supartz injections in October and November 2004. Presently being treated for complaints of ongoing right knee pain. Reported a 3 month rental of Bionicare requested and now a request for purchase. No documentation since 11-2004, and nothing describing a physical exam, just patient complaints and response to Supartz injections. No discussion of quality, character or nature of pain presently.

REQUESTED SERVICE(S)

Purchase of Bionicare Bio-1000 System.

DECISION

Agree with carrier's decision to deny.

RATIONALE/BASIS FOR DECISION

The patients records do not provide any clinical information regarding response to other more standard treatments, nor is there any discussion to results with trial of device. Dr. J. McConnell is treating physician yet device actually ordered by provider Brozek, DC. Dr. J. McConnell's office has been given multiple opportunities to discuss need of this device with carrier with no response outside of manufacturer's statements of device necessity.

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There is no justification from treating physician outlining why this device is indicated and the current clinical status of patient including physical exam, history, response to prior care etc.... Without a specific indication for this particular patient there is insufficient clinical data provided to warrant purchase of this device, which is still investigational in aspects of avoiding TKR, and its potential for pain relief in this particular patient is unknown.

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) calendar days of your receipt of this decision (20 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 **20** (twenty) calendar 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 or the date of fax (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing and a **copy of this decision** must be sent to:

Chief Clerk of Proceedings/Appeals Clerk
Texas Workers' Compensation Commission
P.O. Box 17787
Austin, Texas 78744

Or fax the request to (512) 804-4011. A copy of this decision must be attached to the request.

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The party appealing the decision shall deliver a copy of its written request for a hearing to the opposing party 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 17th day of March 2005.

Signature of IRO Employee: _____

Printed Name of IRO Employee: Cindy Mitchell