

We are simultaneously forwarding copies of this report to the payor and the Texas Workers' Compensation Commission. This decision by Independent Review, Inc. 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 March 31, 2005.

Sincerely,

Gilbert Prud'homme
General Counsel

GP/thh

REVIEWER'S REPORT M2-05-1139-01

Information Provided for Review:
TWCC-60, Table of Disputed Services, EOB's
Information provided by Requestor:
Correspondence

Information provided by Respondent:

Correspondence

Designated doctor reviews

Information provided by Treating Doctor:

Office notes 05/12/03 – 02/08/05

Operative report 06/25/03

Radiology report 05/14/03

Clinical History:

The patient suffered a work injury ___ at which time he twisted his right knee. He eventually underwent a medial meniscectomy and patellar chondroplasty in June of 2003. He is currently being treated conservatively for arthritis in his knee in an attempt to avoid knee arthroplasty. The patient continues to have pain in the operative/injured knee.

Disputed Services:

Purchase of BIO-1000 system.

Decision:

The reviewer agrees with the determination of the insurance carrier and is of the opinion that a BIO-1000 system is not medically necessary in this case.

Rationale:

The Bio-1000 is not an accepted alternative treatment to total knee arthroplasty. There are controlled studies demonstrating its effectiveness for osteoarthritis of the knee. In addition, documentation provided by the company did not show a peer-reviewed documented study to document its efficacy. The study presented at the annual meeting of the Academy of Orthopedic Surgeons has not been corroborated by clinical studies in the peer-reviewed literature. Therefore, the reviewer cannot authorize purchase of the Bionicare Electrical Field Device for treatment of this patient's knee osteoarthritis.