

May 6, 2005

ATTN: Program Administrator
Texas Workers Compensation Commission
Medical Dispute Resolution, MS-48
7551 Metro Center Drive, Suite 100
Austin, TX 78744
Delivered by fax: 512.804.4868

Notice of Determination

MDR TRACKING NUMBER: M2-05-1169-01
RE: Independent review for ____

The independent review for the patient named above has been completed.

- Parker Healthcare Management received notification of independent review on 3.17.05.
- Fax request for provider records made on 3.22.05.
- Records from both parties and payment was received by 4.14.05.
- The case was assigned to a reviewer on 4.20.05.
- The reviewer rendered a determination on 5.4.05.
- The Notice of Determination was sent on 5.06.05.

The findings of the independent review are as follows:

Summary of Clinical History

The patient sustained an injury to his right knee while on the job.

Questions for Review

Items that were reviewed were the medical necessity of the proposed purchase of a Bionicare 1000 unit for the right knee.

Determination

Upon review of all medical records the PHMO physician reviewer has determined to **uphold the denial** of the purchase of the Bionicare 1000 unit for the right knee.

Clinical Rationale

The denial is upheld because of insufficient clinical evidence provided with the records to determine exactly what the benefit of the Bionicare 1000 unit was to the patient, during a trial period or any other usage to support a purchase. The exact status of the patient's knee in terms of the use of medications and response to other treatments, as well as Bionicare 1000 usage, was not appropriately documented in the minimal clinical reports/records received. Specifically, how the use of Bionicare 1000, in this particular patient has helped decrease the use of dangerous narcotics or NSAIDs has not been established. While statistics have been provided on the efficacy, however, the exact benefit to this patient was not established.

Clinical Criteria, Utilization Guidelines or other material referenced

This conclusion is supported by the reviewers' clinical experience with over 10 years of patient care and orthopedic surgery.

The reviewer for this case is a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer is a diplomat of the American Board of Orthopedic Surgery, and is engaged in the full time practice of medicine.

The review was performed in accordance with Texas Insurance Code §21.58C and the rules of the Texas Workers Compensation Commission. In accordance with the act and the rules, the review is listed on the TWCC's list of approved providers, or has a temporary exemption. The review includes the determination and the clinical rationale to support the determination. Specific utilization review criteria or other treatment guidelines used in this review are referenced.

The reviewer signed a certification attesting that no known conflicts-of-interest exist between the reviewer and any of the providers or other parties associated with this case. The reviewer also attests that the review was performed without any bias for or against the patient, carrier, or other parties associated with this case.

Copies of this determination were faxed and mailed to the insurance carrier or URA, the provider, and the patient.

If our organization can be of any further assistance, please feel free to contact me.

Sincerely,

Meredith Thomas
Administrator

CC: Bionicare Medical Technologies
Attn: Kim Salfka
Fax: 888.900.7354

TML-IRP/FOL
Attn: Katie Foster
Fax: 512.867.1733

[Claimant]