

June 3, 2005

VIA FACSIMILE
Security National Ins. Co.
C/o Harris & Harris
Attention: Wysteria Hutcherson

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M2-05-1591-01
DWC #: _____
Injured Employee: _____
Requestor: _____
Respondent: Security National Ins. Co. c/o Harris & Harris
MAXIMUS Case #: TW05-0089

MAXIMUS has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The MAXIMUS IRO Certificate Number is 5348. The TDI, Division of Workers Compensation (DWC) has assigned this case to MAXIMUS in accordance with Rule §133.308, which allows for a dispute resolution by an IRO.

MAXIMUS has performed an independent review of the proposed care to determine whether or not the adverse determination was appropriate. Relevant medical records, documentation provided by the parties referenced above and other documentation and written information submitted regarding this appeal was reviewed during the performance of this independent review.

This case was reviewed by a practicing physician on the MAXIMUS external review panel. The reviewer has met the requirements for the ADL of TWCC or has been approved as an exception to the ADL requirement. This physician is board certified in orthopedic surgery and is familiar with the condition and treatment options at issue in this appeal. The MAXIMUS physician reviewer signed a statement certifying that no known conflicts of interest exist between this physician and any of the treating physicians or providers or any of the physicians or providers who reviewed this case for a determination prior to the referral to MAXIMUS for independent review. In addition, the MAXIMUS physician reviewer certified that the review was performed without bias for or against any party in this case.

Clinical History

This case concerns a male who sustained a work related injury on _____. The patient was examined on 12/7/00. The note from this visit explained that the patient reportedly sustained a compound distal tibia fracture in 1971 and subsequently underwent surgery. It also explained that the patient sustained a re-injury of his ankle on _____ when while he was working with a forklift, his ankle became twisted by the forklift. It further explained that the patient underwent arthroscopic debridement of his ankle and was recently diagnosed with end stage ankle problems. The impression at this visit was posttraumatic arthritis. The patient was initially scheduled and underwent arthrodesis. Postoperatively, the patient had progressive swelling in his ankle and developed a thrombus in his posterior tibial artery. The patient then underwent an emergent thrombectomy and postoperatively the patient underwent a below the knee

amputation. An acrylic socket below the knee/modular alignable system replacement below knee prosthetic socket with test modification has been recommended for this patient.

Requested Services

Preauthorization denied for acrylic socket BK, Modular Alignable system, replacement below knee prosthetic socket and test socket.

Documents and/or information used by the reviewer to reach a decision:

Documents Submitted by Requestor:

1. Office Notes 8/23/00 – 5/3/05

Documents Submitted by Respondent:

1. Letter to IRO 4/27/05
2. Letter to Dr. Crates 4/15/05
3. Email Printouts 2/14/05
4. Case Summary Report 2/14/05, 2/7/05

Decision

The Carrier's denial of authorization for the requested services is overturned.

Rationale/Basis for Decision

The MAXIMUS physician reviewer noted that this case concerns a male who sustained a work related injury on _____. The MAXIMUS physician reviewer also noted that the diagnoses for this patient have included a compound distal tibia fracture sustained in 1971 with a re-injury sustained on _____. The MAXIMUS physician reviewer further noted that the patient underwent arthrodesis and that subsequently underwent a below the knee amputation due to progressive swelling and posterior thrombus development after surgery. The MAXIMUS physician reviewer indicated that the patient is requesting an acrylic socket replacement. The MAXIMUS physician reviewer explained that the patient is in need of a new socket. The MAXIMUS physician reviewer noted that there are documented problems with this patient's stump that are incapacitating for this patient. The MAXIMUS physician reviewer indicated that the patient is doing poorly with his current prosthesis and is in need of a replacement. The MAXIMUS physician reviewer explained that the new socket and prosthesis is an excellent choice for this patient's condition. Therefore, the MAXIMUS physician consultant concluded that the requested acrylic socket BK, Modular Alignable system, replacement below knee prosthetic socket and test socket are medically necessary to treat this patient's condition at this time.

This decision is deemed to be a TWCC Decision and Order.

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 of your receipt of this decision. (20 Tex. Admin. Code 142.5(c)).

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. (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/Appeals Clerk
P.O. Box 17787
Austin, TX 78744

Fax: 512-804-4011

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. (Commission Rule 133.308(t)(2)).

Sincerely,
MAXIMUS

Elizabeth McDonald
State Appeals Department

cc: Texas Workers Compensation Commission

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 3rd day of June, 2005.

Signature of IRO Employee: _____
External Appeals Department