June 27, 2005

TEXAS WORKERS COMP. COMISSION
AUSTIN, TX 78744-1609

CLAIMANT: ___
EMPLOYEE: ___
POLICY: M2-05-1799-01
CLIENT TRACKING NUMBER: M2-05-1799-01/5278

Medical Review Institute of America (MRIoA) has been certified by the Texas Department of Insurance as an Independent Review Organization (IRO). The Texas Workers Compensation Commission has assigned the above mentioned case to MRIoA for independent review in accordance with TWCC Rule 133 which provides for medical dispute resolution by an IRO.

MRIoA 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. Itemization of this information will follow.

The independent review was performed by a peer of the treating provider for this patient. The reviewer in this case is on the TWCC approved doctor list (ADL). The reviewer has signed a statement indicating they have no known conflicts of interest existing between themselves and the treating doctors/providers for the patient in question or any of the doctors/providers who reviewed the case prior to the referral to MRIoA for independent review.

Records Received:

Records Received from the State:
- Notification of IRO Assignment, dated 06/02/05 – 1 page
- Texas Workers' Compensation Commission Form, dated 06/01/053 pages
- Letters from UniMed Direct LLC, dated 04/07/05-04/29/05 – 2 pages

Records Received from the Insurance Company:
- Letters from UniMed Direct LLC, dated 04/07/05 – 2 pages
- Chart Notes, dated 03/11/05 – 1 page
- Functional Capacity Evaluation, dated 03/09/05 – 8 pages
- Request for Pre-Authorization, dated 04/04/05 – 1 page

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- Letter fro, UniMed Direct LLC, dated 04/29/05 - 3 pages
- Fax Cover Sheet, dated 04/22/05 - 1 page
- Request for Pre-Authorization, dated 04/22/05 - 1 page
- Chart Notes, dated 04/21/051 page
- Functional Capacity Evaluation, dated 04/21/05 - 7 pages
- Emails, dated 06/03/05 - 2 pages
- Fax Cover Sheet, dated 04/04/05 - 1 page

Records Received from the Treating Provider:

- Medical Dispute Resolution Request/Response, undated - 2 pages
- Letter from UniMed Direct LLC, dated 03/31/05-04/29/05 - 5 pages
- Request for Pre-Authorization, dated 04/22/05 - 1 page
- Chart Notes, dated 04/21/05 - 1 page
- Request for Pre-Authorization, dated 03/24/05 - 1 page
- Chart Notes, dated 03/11/05 - 1 page
- Functional Capacity Evaluation, dated 03/09/05 - 7 pages
- Fax Confirmation Report, dated 03/28/05 - 1 page
- Fax Cover Sheet, dated 03/28/05 - 1 page
- Fax Confirmation Report, dated 04/22/05 - 1 page
- Fax Cover Sheet, dated 04/22/05 - 1 page
- Fax Confirmation Report, dated 04/04/05 - 1 page
- Fax Cover Sheet, dated 04/04/05 - 1 page
- Fax Cover Sheet, dated 04/04/05 - 1 page
- Request for Pre-Authorization, dated 04/04/05 - 1 page
- Request for Pre-Authorization, dated 04/04/05 - 1 page
- Chart Notes, dated 03/11/05 - 2 pages
- Functional Capacity Evaluation, dated 03/09/05 - 7 pages
- Functional Capacity Evaluation, dated 04/21/05 - 7 pages

Summary of Treatment/Case History:

The patient is a 38-year-old male laborer who, on ___, fell while at work and injured his neck, lower back and right knee. He received chiropractic care, including physical therapy, and lumbar ESI injections. On 12/7/04, he underwent arthroscopic repair of his right knee, followed by post-surgical active rehabilitation. His treating doctor is now requesting pre-authorization of a work hardening program (#97545 and #97456) at a frequency and duration of 5 times/week for 6 weeks (30 sessions).

Questions for Review:

1. Pre-authorization denied for work hardening program (30 sessions). Please determine medical necessity.

Conclusion/Decision to Not Certify:

Question 1: Pre-authorization denied for work hardening program (30 sessions). Please determine medical necessity.
(continued)

No. In this case, virtually no treatment records were available for review (only two dates of service); therefore, it is unknown what kinds of specific therapies and/or treatments were attempted, what was beneficial and what was not? Were chiropractic manipulative therapies ever attempted, and if not, why not? Absent this knowledge, it is impossible to know if the requested treatments would be different from what has already been done, or if they would only be more of the same. Without medical treatment records that answer those questions, there is less than sufficient documentation to support the medical necessity of the disputed treatment.

Furthermore, there was no documentation of significant "behavioral and attitudinal" deficiencies that would necessitate the entrance into a multi-disciplinary program of rehabilitation. And finally, the records indicated that the patient had been laid off from his job on 7/16/04, so he had no employment to return to on completion of a program, which is another requirement for entrance into a work hardening program.

References Used in Support of Decision:

TWCC Medical Fee Guidelines, 1996; Medicine Ground Rules, II(E), page 37
TWCC Medical Fee Guidelines, 1996; Medicine Ground Rules, II(E)(1)(d), page 38

This review was provided by a chiropractor who is licensed in Texas, certified by the National Board of Chiropractic Examiners, is a member of the American Chiropractic Association and has several years of licensing board experience. This reviewer has given numerous presentations with their field of specialty. This reviewer has been in continuous active practice for over twenty years.

MRIoA is forwarding this decision by mail, and in the case of time sensitive matters by facsimile, a copy of this finding to the treating provider, payor and/or URA, patient and the TWCC.

YOUR RIGHT TO REQUEST A HEARING

Either party to the 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 receiving the TWCC chief Clerk of Proceedings within ten (10) days of your receipt of this decision as per 28 Texas 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 as per Texas Admin. Code 102.4 (h) or 102.5 (d). A request for hearing should be sent to:

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Chief Clerk of Proceedings
Texas Workers' Compensation Commission
POB 40669
Austin, TX 78704-0012

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

It is the policy of Medical Review Institute of America to keep the names of its reviewing physicians confidential. Accordingly, the identity of the reviewing physician will only be released as required by state or federal regulations. If release of the review to a third party, including an insured and/or provider, is necessary, all applicable state and federal regulations must be followed.

Medical Review Institute of America retains qualified independent physician reviewers and clinical advisors who perform peer case reviews as requested by MRIoA clients. These physician reviewers and clinical advisors are independent contractors who are credentialed in accordance with their particular specialties, the standards of the American Accreditation Health Care Commission (URAC), and/or other state and federal regulatory requirements.

The written opinions provided by MRIoA represent the opinions of the physician reviewers and clinical advisors who reviewed the case. These case review opinions are provided in good faith, based on the medical records and information submitted to MRIoA for review, the published scientific medical literature, and other relevant information such as that available through federal agencies, institutes and professional associations. Medical Review Institute of America assumes no liability for the opinions of its contracted physicians and/or clinician advisors. The health plan, organization or other party authorizing this case review agrees to hold MRIoA harmless for any and all claims which may arise as a result of this case review. The health plan, organization or other third party requesting or authorizing this review is responsible for policy interpretation and for the final determination made regarding coverage and/or eligibility for this case.

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sr
cc: Requestor
Respondent