

October 4, 2005

VIA FACSIMILE:  
Brad Burdin, DC  
Attention: Jessica

VIA FACSIMILE:  
Old Republic Insurance Company/ESIS Inc.  
Attention: Aracely Alvarado

### **NOTICE OF INDEPENDENT REVIEW DECISION**

**RE: MDR Tracking #: M2-05-2305-01**  
**TWCC #: \_\_\_\_\_**  
**Injured Employee: \_\_\_\_\_**  
**Requestor: Brad Burdin, DC**  
**Respondent: Old Republic Insurance Company/ESIS Inc.**  
**MAXIMUS Case #: TW05-0188**

MAXIMUS has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The MAXIMUS IRO Certificate Number is 5348. Texas Worker's Compensation Commission (TWCC) Rule §133.308 allows for a claimant or provider to request an independent review of a Carrier's adverse medical necessity determination. TWCC assigned the above-reference case to MAXIMUS for independent review in accordance with this Rule.

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 chiropractor on the MAXIMUS external review panel who is familiar with the with the condition and treatment options at issue in this appeal. The reviewer has met the requirements for the ADL of TWCC or has been approved as an exception to the ADL requirement. The MAXIMUS chiropractor reviewer signed a statement certifying that no known conflicts of interest exist between this chiropractor 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 chiropractor reviewer certified that the review was performed without bias for or against any party in this case.

#### **Clinical History**

This case concerns a 60-year old female who sustained a work related injury on \_\_\_\_\_. The patient reported that she slipped on food on the floor twisting her right ankle and both knees and then falling on her left elbow. She also reported low back pain with tingling and sharp knee pain. Diagnoses included bilateral medial meniscus tears, left elbow contusion, medial collateral ligament (MCL) tear, anterior cruciate ligament (ACL) tear, degenerative disc disease, and mild chondromalacia. Evaluation and treatment have included MRIs, occupational therapy, medication, injections, and surgery (arthroscopy, menisectomies, and repair of tears).

## **Requested Services**

Preauthorization for MRIs of the left and right knee.

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

### *Documents Submitted by Requestor:*

1. Letter of Dispute – 10/30/03, 7/1/05
2. Initial Visit and Office Notes (Brad Burdin, DC) – 8/26/03-8/1/05
3. Medical Evaluations – 4/1/05, 9/18/03
4. X-rays – 8/27/03, 9/11/03, 10/26/04
5. Consultations – 6/4/03, 9/15/03, 4/28/04, 5/19/05, 6/16/04, 7/7/04, 8/18/04, 11/3/04, 2/2/05, 5/18/05, 8/17/05
6. Operative Report – 5/11/04, 7/1/04

### *Documents Submitted by Respondent:*

1. Denial Letter – 9/23/03, 10/10/03, 10/22/03, 11/5/03, 8/5/05, 7/13/05
2. Consultations & Daily Treatment Logs – 8/26/03-5/18/05
3. Initial Visit and Office Notes (Brad Burdin, DC) – 8/26/03-8/1/05
4. Letter of Dispute – 7/1/05
5. X-rays – 8/1/03, 8/27/03, 9/11/03, 10/26/04
6. Medical Evaluations – 12/5/03, 12/15/03, 4/1/05
7. Progress Report – 7/27/04-1/5/05, 9/24/04-10/25/04, 11/23/04-12/17/04, 12/26/04-1/5/05, 1/5/05-1/27/05
8. Peer Review Teleconference Notes – 9/18/03
9. Prescriptions for Medications – 8/26/03

## **Decision**

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

## **Rationale/Basis for Decision**

The MAXIMUS chiropractor consultant indicated the member injured both knees on \_\_\_\_\_. The MAXIMUS chiropractor consultant noted surgeries were performed on both knees in 2004. The MAXIMUS chiropractor consultant explained the member returned to the doctor when the pain in her knees gradually worsened. The MAXIMUS chiropractor consultant also indicated the record shows that the member was examined and showed laxity in the anterior cruciate ligaments of both knees. The MAXIMUS chiropractor consultant noted that according to the 2005 American College of Radiology (ACR) Practice Guidelines, MRI of the knee is useful to evaluate patients with recurrent, residual, or new symptoms following knee surgery and instability and/or limited painful range of motion. The MAXIMUS chiropractor consultant indicated the previous MRI of both knees showed strains of the ACLs. The MAXIMUS chiropractor consultant noted that with the previous findings on MRIs, and using the ACR practice guidelines, repeat post operative MRIs are medically necessary to examine if the ACLs are intact or possibly still damaged. Therefore, the MAXIMUS chiropractor consultant

concluded that requested MRI of the left and right knee are medically necessary for treatment of this patient's condition.

**Your Right To Appeal**

If you are unhappy with all or part of this decision, you have the right to appeal the decision. The decision of the Independent Review Organization is binding during the appeal process.

If you are disputing the decision (other than a spinal surgery prospective decision), the appeal must be made directly to a district court in Travis County (see Texas Labor Code §413.031). An appeal to District Court must be filed not later than 30 days after the date on which the decision that is the subject of the appeal is final and appealable. If you are disputing a spinal surgery prospective decision, a request for a hearing must be in writing and it must be received by the Division of Workers' Compensation, Chief Clerk of Proceedings, within ten (10) days of your receipt of this decision.

Sincerely,  
**MAXIMUS**

Lisa Gebbie, MS, RN  
State Appeals Department

cc: Texas Workers Compensation Commission

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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 4th day of October 2005.

Signature of IRO Employee: \_\_\_\_\_  
External Appeals Department