PROFESSIONAL ASSOCIATES

NOTICE OF INDEPENDENT REVIEW

NAME OF PATIENT:	
IRO CASE NUMBER:	M2-05-2355-01
NAME OF REQUESTOR:	
NAME OF PROVIDER:	Matthew Hicken, D.C.
REVIEWED BY:	Board Certified in Orthopedic Surgery
IRO CERTIFICATION NO:	IRO 5288
DATE OF REPORT:	10/14/05

Dear Ms. ___:

Professional Associates has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO) (#IRO5288). Texas Insurance Code Article 21.58C, effective September 1, 1997, allows a patient, in the event of a life-threatening condition or after having completed the utilization review agent's internal process, to appeal an adverse determination by requesting an independent review by an IRO.

In accordance with the requirement for TDI-Division of Workers' Compensation (DWC) to randomly assign cases to IROs, DWC has assigned your case to Professional Associates for an independent review. The reviewing physician selected has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, the reviewing physician reviewed relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal. determination, and any documentation and written information submitted in support of the appeal.

This case was reviewed by a physician reviewer who is Board Certified in the area of Orthopedic Surgery and is currently listed on the DWC Approved Doctor List.

I am the Secretary and General Counsel of Professional Associates and I certify that the reviewing physician in this case has certified to our organization that there are no known

conflicts of interest that exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed this case for determination prior to referral to the Independent Review Organization.

REVIEWER REPORT

Information Provided for Review:

Evaluations by Marsha Miller, D.C. dated 03/12/01, 06/21/01, and 09/25/02
Evaluations with Charles E. Willis, II, M.D. dated 03/30/01, 08/02/01, 01/17/02, and 05/23/02
An MRI of the left knee interpreted by Anthony G. Bascone, M.D. dated 04/10/01
An MRI of the left foot interpreted by Dr. Bascone dated 06/06/01
An MRI of the left ankle interpreted by Dee L. Martinez, M.D. dated 06/12/01
An impairment rating evaluation with Jeff Cunningham, D.C. dated 09/13/01
A Designated Doctor Evaluation with David Wagner, D.C. dated 12/11/01
An operative report from Craig W. Goodhart, M.D. dated 04/03/02
Evaluations with Dr. Goodhart on 04/09/02, 04/30/02, and 05/27/03
An EMG/NCV study interpreted by Charles Tuen, M.D. dated 04/25/02
A Functional Capacity Evaluation (FCE) with Richard Channing, D.O. on 10/09/02
A Designated Doctor Evaluation with Glen A. Brasseur, D.C. dated 11/01/02
An evaluation with Dr. Watumull (no credentials were listed) dated 11/19/02
Evaluations with John C. McConnell, M.D. dated 09/30/03, 01/15/04, and 06/02/05
An MRI of the right shoulder interpreted by Dr. Sridnar Pudin (no credentials were listed) dated 10/02/03
An evaluation with R.E. Branch, M.D. dated 10/28/03
An EMG/NCV study interpreted by Jonathon Walker, M.D. dated 12/18/03
A TWCC-53 form, a request to change treating physicians, dated 01/16/04
A letter of causation from Matthew Hicken, D.C. dated 03/17/04
An FCE with an unknown provider (no name or signature was available) dated 03/17/05

Clinical History Summarized:

Dr. Miller recommended a left knee x-ray and chiropractic therapy on 03/12/01. An MRI of the left knee on 04/10/01 and an MRI of the left foot on 06/06/01 interpreted by Dr. Bascone were negative. An MRI of the left ankle interpreted by Dee L. Martinez, M.D. on 06/12/01 revealed a small tibiotalar joint effusion only. On 06/21/01, Dr. Miller recommended work hardening. On

09/13/01, Dr. Cunningham felt the claimant was not at Maximum Medical Improvement (MMI) and recommended a surgical opinion for the knee and a possible pain management program. On 04/03/02, Dr. Goodhart performed left knee arthroscopy and partial lateral meniscectomy. On 09/25/02, Dr. Miller recommended a work hardening program. On 11/01/02, Dr. Brasseur, a Designated Doctor, placed the claimant at MMI as of 10/28/02 with a 1% whole person impairment rating. On 09/30/03, Dr. McConnell recommended a bone scan, an MR arthrogram, possible further arthroscopy, and possible further physical therapy. An MRI of the right shoulder interpreted by Dr. Pudin on 10/02/03 showed evidence of tendinosis and a type II acromion. Dr. Branch noted on 10/28/03 the claimant's case was being disputed. On 01/15/04, Dr. McConnell recommended an evaluation and treatment for the left foot/ankle, along with continued medications and possible further MRIs. Dr. Hicken wrote a letter of causation on 03/17/04 regarding the claimant's Benefits Review Conference (BRC) on 04/02/04. On 06/02/05, Dr. McConnell recommended a left knee MRI arthrogram and Mobic.

Disputed Services:

A left knee arthrogram

Decision:

I disagree with the requestor. The left knee arthrogram is neither reasonable nor necessary.

Rationale/Basis for Decision:

The mechanism of injury appeared to be in question. Earlier medical records from her treating physician indicated the claimant was struck on the leg by a broom handle. Later records indicated that the claimant slipped and fell. The claimant underwent a knee arthroscopy after a normal knee MRI and the only finding was mild arthritic changes were within the knee joint. There have never been any focal findings within the knee beyond loss of range of motion, which could be volitional in nature. There are no specific physical findings that would create the need for any further diagnostic studies, including an MRI or an arthrogram. An arthrogram at this time would be an outdated study, used only when there are specific questions unanswered by an MRI. In this case, there was not only no indication for an MRI, there was certainly no indication for an invasive study such as an arthrogram.

This review was conducted on the basis of medical and administrative records provided with the assumption that the material is true and correct.

This decision by the reviewing physician with Professional Associates is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

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. A request for a hearing should be faxed to 512-804-4011 or sent to:

Chief Clerk of Proceedings/Appeals Clerk
TDI-Division of Workers' Compensation
P. O. Box 17787
Austin, TX 78744

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's decision was sent to the respondent, the requestor, DWC, and the claimant via facsimile or U.S. Postal Service this day of 10/14/05 from the office of Professional Associates.

Sincerely,

_____
Lisa Christian
Secretary/General Counsel