IRO America Inc.

An Independent Review Organization
(IRO America Inc. was formerly known as ZRC Services Inc. DBA ZiroC)
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August 8, 2005

TWCC Medical Dispute Resolution
Fax: (512) 804-4868

Patient:	___
TWCC #:	___
MDR Tracking #:	M2-05-1673 -01
IRO #:	5251

IRO America Inc. (IRO America) has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission (TWCC) has assigned this case to IRO America for independent review in accordance with TWCC Rule 133.308 which allows for medical dispute resolution by an IRO.

IRO America 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.

The independent review was performed by a matched peer with the treating doctor; the Reviewer is a credentialed Panel Member of IRO America's Medical Knowledge Panel who is a licensed Provider, board certified and specialized in Chiropractic Care.. The reviewer is on the TWCC Approved Doctor List (ADL).

The IRO America Panel Member/Reviewer is a health care professional who has signed a certification statement stating that no known conflicts of interest exist between the Reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to IRO America for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

RECORDS REVIEWED

Medical Records from Requestor, Respondent, Treating Doctor (s), including: Utilization reviews from Forte', Independent reviewer's report, FCE from Michael Peck MD, pain management notes from Jasmin Erlichman MD, treatment notes from The Woodlands Sports Medicine Center, operative report from The Surgery Center of the Woodlands, lab results from Quest Diagnostics, left knee MRI from Huntsville Imaging Center.

CLINICAL HISTORY

At the time of the injury, this was a 40 year-old male who is employed by the . On the date of injury, ___, the patient states he was in the recreation yard when he stepped in a hole and twisted his left knee. He sought treatment with Dr. Peck. An MRI was performed on 5/10/2004 and was positive for the left knee.

DISPUTED SERVICE (S)

Under dispute is the medical necessity of 20 sessions of a work hardening program.

DETERMINATION / DECISION

The Reviewer agrees with the determination of the insurance carrier in this case.

RATIONALE / BASIS FOR DECISION

After the arthroscopic surgery on June 25,2004, it appears the patient did some post surgical rehab and then was placed in a chronic pain management program. At this point the Reviewer did not see any reason for a chronic pain management program and agrees with the peer review report that stated this as well. Instead of the pain management program, this patient should have been placed in an active rehab program, or work conditioning program as outlined in the *Texas Workers' Compensation Commission Lower Extremity Treatment Guideline §134.1003*. The window for recovery for arthroscopic surgery is fast and short as evidenced in the treatment notes that on the visual analog scale, the patient only went from a 6 to a 5. If an aggressive post surgical rehab and work-conditioning program were implemented according to the guidelines, the outcome assessment would have been more positive and not disputed.

Screening Criteria

1. Texas Workers' Compensation Commission Lower Extremity Treatment Guideline §134.1003

2. General:

In making his determination, the Reviewer had reviewed medically acceptable screening criteria relevant to the case, which may include but is not limited to any of the following: Evidence Based Medicine Guidelines (Helsinki, Finland); Texas Medical Foundation: Screening Criteria Manual (Austin, Texas); Texas Chiropractic Association: Texas Guidelines to Quality Assurance (Austin Texas); Texas Medical Foundation: Screening Criteria Manual (Austin, Texas); Mercy Center Guidelines of Quality Assurance; any and all guidelines issued by TWCC or other State of Texas Agencies; standards contained in Medicare Coverage Database; ACOEM Guidelines; peer-reviewed literate and scientific studies that meet nationally recognized standards; standard references compendia; and findings; studies conducted under the auspices of federal government agencies and research institutes; the findings of any national board recognized by the National Institutes of Health; peer reviewed abstracts submitted for presentation at major medical associates meetings; any other recognized authorities and systems of evaluation that are relevant.

CERTIFICATION BY OFFICER

IRO America has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. IRO America has made no determinations regarding benefits available under the injured employee's policy.

As an officer of IRO America Inc., I certify that there is no known conflict between the Reviewer, IRO America and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

IRO America is forwarding by mail or facsimile, a copy of this finding to the TWCC, the Injured Employee, the Respondent, the Requestor, and the Treating Doctor.

Sincerely,
IRO America Inc.

Dr. Roger Glenn Brown
President & Chief Resolutions Officer

Cc: [Claimant]

Michael Peck
Attn: Dennis Moehr
Fax: 936-291-3752

State Office of Risk Management
Attn: Jennifer Dawson
Fax: 512-370-9170

YOUR RIGHT TO REQUEST A HEARING

Either party to 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) calendar days of your receipt of this decision (28 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) calendar days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

This decision is deemed received by you 5 (five) days after it was mailed or the date of fax (28 Tex. Admin. Code 102.5(d)). A request for a hearing and a **copy of this decision** must be sent to:

Chief Clerk of Proceedings / Appeals Clerk
P.O. Box 17787
Austin, Texas 78744
Fax: 512-804-4011

The party appealing this decision shall deliver a copy of its written request for a hearing to other party involved in this dispute.

Name/signature

I hereby certify, in accordance with TWCC Rule 102.4 (h), that a copy of this Independent Review Organization decision was sent to the carrier, requestor, claimant (and/or the claimant's representative) and the TWCC via facsimile, U.S. Postal Service or both on this 8th day of August, 2005.

Name and Signature of Ziroc Representative:

Sincerely,
IRO America Inc.

Dr. Roger Glenn Brown
President & Chief Resolutions Officer