PROFESSIONAL ASSOCIATES

NOTICE OF INDEPENDENT REVIEW

NAME OF PATIENT:	
IRO CASE NUMBER:	M2-05-1988-01
NAME OF REQUESTOR:	
NAME OF PROVIDER:	Chris Holowiski, D.C.
REVIEWED BY:	Board Certified in Chiropractics
IRO CERTIFICATION NO:	IRO 5288
DATE OF REPORT:	08/05/05

Dear Mr. _____:

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 Texas Workers' Compensation Commission (TWCC) to randomly assign cases to IROs, TWCC 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 Chiropractics and is currently listed on the TWCC 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:

An Employer's First Report of Injury or Illness dated __
An evaluation dated 06/18/04 from an unknown provider (the signature was illegible)
An evaluation by Louis Puig, M.D. dated 06/21/04
Examinations on 06/11/04 and 06/22/04 by an unknown provider (the signature was illegible)
An MRI of the left knee dated 06/25/04 and interpreted by Eric S. Bennos, M.D.
An intake medical report from Marlon Padilla, M.D. dated 06/29/04
An evaluation by Cameron Jackson, D.C. at Accident & Injury Chiropractic dated 07/01/04
X-rays of the left knee performed on 07/02/04 and interpreted by Tamara Uptigrove, D.C.
Follow-up evaluations with Dr. Padilla dated 07/13/04 and 07/14/04
A physical therapy evaluation from Rehab 2112 from an unknown therapist (the signature was illegible) dated 07/29/04
A Benefits Review Conference (BRC) report dated 09/01/04 and signed by Ellen Vannah
Follow-up evaluations with the unknown provider on 09/16/04 and 10/26/04
A Required Medical Evaluation (RME) performed on 09/21/04 by Benjamin Agana, M.D.
A Functional Capacity Evaluation (FCE) performed by Annette Lundstrom, P.T. on 10/06/04
An evaluation with Lubor Jarolimek, M.D. on 12/07/04
An operative report regarding the left knee from Dr. Jarolimek dated 01/07/05
A postoperative visits from Dr. Jarolimek dated 01/10/05
Another physical therapy evaluation from the unknown therapist at Rehab 2112 dated 01/19/05
A Designated Doctor Evaluation dated 01/20/05 from Ingrid Zasterova, M.D.
Therapy notes from Rehab 2112 on 01/24/05, 01/26/05, 01/28/05, 02/07/05, 02/09/05, and 02/10/05
A return to work slip from Rukan Daccak, M.D. dated 02/22/05
A follow-up evaluation with Dr. Jarolimek dated 03/02/05
Continued therapy at Rehab 2112 on 03/02/05, 03/03/05, 03/14/05, 03/15/05, and 03/18/05
Another follow-up examination with the unknown provider on 03/21/05 and 04/08/05

A request for an FCE and a work hardening program dated 03/22/05 from Chris Holowiski, D.C.
An FCE dated 03/29/05 from Enrique Colon (credentials were illegible) and Thomas Mathew, M.S. P.T.
A non-authorization recommendation from Genex for work hardening dated 03/29/05 from Bill Kissentaner, R.N.
A psychological prescreening report dated 04/06/05 from Marie Lambert, L.M.F.T
A request for a pain management program from Dr. Holowiski dated 04/08/05
An evaluation from Karl Covington, M.D. dated 04/18/05 from Pain and Rehab Services of the Southwest, L.L.C.
Another Designated Doctor Evaluation dated 04/28/05 from Dr. Zasterova
A Designated Doctor Evaluation dispute from Dr. Holowiski dated 05/11/05
Another request from Dr. Holowiski dated 05/11/05 for a work hardening program
Another non-authorization recommendation for the work hardening program dated 05/17/05 from Genex
A non-authorization of the reconsideration for the work hardening program dated 05/24/05 from Genex
A letter of clarification dated 06/07/05 from Dr. Zasterova
Follow-up visits with Dr. Holowiski dated 06/21/05, 06/24/05, and 07/18/05
Another non-authorization notice from Genex dated 07/05/05

Clinical History Summarized:

The Employer's First Report of Injury or Illness stated the claimant was pumping water out of scales and stepped between the rail and scale, twisting his knee on __ . An MRI of the left knee on 06/25/04 revealed a grade III-IV irregular tear of the posterior horn of the medial meniscus with an infrarticular extension associated with evidence for meniscocapsular strain of the posterior horn. A BRC on 09/01/04 indicated the claimant sustained a compensable injury on . On 01/07/05, Dr. Jarolimek performed a left knee partial medial meniscectomy and chondroplasty of the left patella. On 03/22/05, Dr. Holowiski recommended an FCE and a work hardening program. Genex provided a preauthorization notice on 03/29/05 denying the work hardening program. On 04/08/05, Dr. Holowiski requested a chronic pain management program and on 05/11/05, he again requested a work hardening program. On 05/17/05, Genex provided another preauthorization notice denying the work hardening program. Genex denied the reconsideration for the work hardening program on 05/24/05. On 07/05/05, Genex again denied the recommended work hardening program.

Disputed Services: work hardening program

Decision:
I do not agree with the insurance carrier. I feel that the recommended work hardening program is reasonable and necessary.

Rationale/Basis for Decision:
Section 408.021 (31 of the Texas Labor Code) substantiated the need for care, which (1) cures or relieves the effects naturally resulting from the compensable injury (2) promotes recovery or (3) enhances the ability of the employee to return to or retain employment. Based upon the review of the claimant's injury and current presentation, it appeared to be directly related to the date of injury. The claimant underwent surgical intervention on 01/07/05, which should have been followed by a rehabilitation program, an active program of up to six weeks. After which time, the claimant's condition should have progressed enough to allow him to enter a more rigorous program, such as a work hardening program. The request was made for such and it was recommended by the claimant's treating physician, as well as Dr. Jarolimek, the surgeon.

The request was made on 03/22/05, which would have been within the expected timeframe. Unfortunately, the program was denied and the claimant did not progress into a work hardening program.

The claimant underwent a Designated Doctor Evaluation on 04/28/05 and the Designated Doctor indicated she felt the claimant was still symptomatic, but appeared to be improving and he would benefit with progression into a work hardening program.

In fact, on 06/07/05, the Designated Doctor, Dr. Zasterova, actually amended the TWCC-69, indicating she felt like the claimant was not at MMI and he needed the rehabilitation program. Therefore, based upon the labor code and the supplied documentation, it was substantiated that the treatment provided to the claimant appeared to be promoting recovery. Although it could not be guaranteed, it was more than likely that participation in a work hardening program would enhance the claimant's ability to return to employment.

An FCE was performed, which indicated the claimant was only able to function in the sedentary job demand level whereas his previous employment required a very heavy job demand level of up to 100 pounds. Therefore, in my opinion, the claimant should be allowed to participate in a work hardening program. I do not anticipate the program going more than six weeks in duration.

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

Either party to this 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 received by the TWCC Chief Clerk of Proceedings/Appeals Clerk **within ten (10) calendar days** of your receipt of this decision (28 Texas Administrative Code 1133.308 (v) (1)).

If disputing other prospective medical necessity (preauthorized) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings/Appeals Clerk **within twenty (20) calendar days** of your receipt of this decision (28 Texas Administrative Code 148.3).

This decision is deemed received by you **five (5) calendar days** after it was mailed (28 Texas Administrative Code 102.5 (d)). A request for a hearing should be faxed to 512-804-4011 or sent to:

Chief Clerk of Proceedings/Appeals Clerk
Texas Workers' Compensation Commission
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, TWCC and the claimant via facsimile or U.S. Postal Service this day of 08/05/05 from the office of Professional Associates.

Sincerely,

_____

Amanda Grimes
Secretary/General Counsel