PROFESSIONAL ASSOCIATES

NOTICE OF INDEPENDENT REVIEW

NAME OF PATIENT:	___
IRO CASE NUMBER:	M2-06-0142-01
NAME OF REQUESTOR:	Texas Health
NAME OF PROVIDER:	John Botefuhr, D.C.
REVIEWED BY:	Board Certified in Psychiatry Board Certified in Neurology in Psychiatry Board Certified in Pain Medicine
IRO CERTIFICATION NO:	IRO 5288
DATE OF REPORT:	11/11/05

Dear Texas Health:

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 Psychiatry, Neurology in Psychiatry, and Pain Medicine 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 the provider, the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent, or any of the treating doctors or insurance carrier health care providers who reviewed the case for decision before referral to the Independent Review Organization.

REVIEWER REPORT

Information Provided for Review:

A discharge note from Baylor Medical Center at Irving on 01/29/05
Evaluations with John G. Westkaemper, M.D. dated 02/03/05, 02/17/05, 02/28/05, 03/21/05, and 04/18/05
An MRI of the left knee interpreted by Richard B. Thropp, M.D. dated 02/22/05
Notices of disputed issue(s) and refusal to pay benefits form dated 05/24/05, 06/03/05, 08/01/05, and 09/23/05
Evaluations with Robert L. Bedford, D.C. dated 06/20/05, 06/27/05, and 07/11/05
An evaluation with Miguel B. Banta, M.D. dated 06/22/05
Evaluations with John Botefuhr, D.C. dated 07/06/05 and 07/19/05
A behavioral medicine evaluation with Tracey Duran, M.S., L.P.C. dated 07/29/05
A letter of authorization for psychological testing from CorVel dated 08/04/05
A letter requesting preauthorization for behavioral sessions from Lieu “Michelle” Vuong, Ph.D. and Jeanne Selby, Ph.D. dated 08/11/05
A letter of denial for behavioral interventions from CorVel dated 08/18/05 and 08/19/05
A Required Medical Evaluation (RME) with Charles D. Mitchell, M.D. dated 08/18/05
A request for reconsideration of the individual sessions dated 08/19/05
An evaluation with Theodore Pearlman, M.D. dated 08/24/05
A letter of appeal denial from CorVel dated 08/26/05
A requestor’s position regarding preauthorization from Dr. Vuong dated 09/24/05

Clinical History Summarized:

Dr. Westkaemper diagnosed the patient with a left knee sprain on 02/03/05. An MRI of the left knee interpreted by Dr. Thropp dated 02/22/05 revealed a high grade tear of the medial collateral

ligament (MCL), an abnormal signal in the medial meniscus that probably signified a tear, and a small joint effusion with a Baker's cyst. On 02/28/05, Dr. Westkaemper recommended a hinged knee brace and physical therapy. On 05/24/05, there was a notice of disputed issue(s) and refusal to pay benefits form from the insurance carrier disputing the entitlement of upper extremities. On 06/03/05, they provided another form disputing the right knee. Celebrex, Elavil, and Ultram were prescribed by Dr. Banta on 06/22/05. A psychological evaluation with Ms. Duran on 07/29/05 noted anxiety and a depressed mood. A behavioral health evaluation was recommended. On 08/01/05, the insurance carrier provided another form disputing all psychological conditions. Dr. Vuong and Dr. Selby recommended eight individual health and behavior sessions on 08/11/05. On 08/18/05, CorVel provided a letter of denial for the eight sessions. Dr. Mitchell placed the patient at Maximum Medical Improvement (MMI) as of 08/18/05 with a 7% whole person impairment rating. Ms. Duran provided a request for reconsideration of the eight sessions of behavioral health treatment on 08/19/05. Again on 08/19/05, CorVel wrote a letter of denial for those services. On 08/26/05, CorVel appealed the request for reconsideration of the eight therapy sessions. The insurance company provided another notice of dispute disputing asthma, moderate obesity, and degenerative changes in the left knee. On 09/24/05, Dr. Vuong requested a Medical Dispute Resolution (MDR) for the denied services.

Disputed Services:

Eight sessions of individual health and behavior intervention

Decision:

I disagree with the requestor. The requested eight sessions of individual health and behavioral intervention is neither reasonable nor necessary.

Rationale/Basis for Decision:

The patient had a slip and fall and has significant knee sprain. The original treatment plan was for health and behavioral intervention concurrent with biofeedback. ACOEM chapter 13 page 339 states, "Physical modalities, such as massage, diathermy, cutaneous laser treatment, ultrasound, and biofeedback have no scientifically proven efficacy in treating acute knee symptoms. Evidenced based guidelines do not support health and behavioral intervention with or without biofeedback for pain complaints." American College of Occupational and

Environmental Guidelines (ACOEM) chapter 6, page 107, reads: "The immediate focus should be on functional improvement rather than on abolishing pain. Physicians should be aware that while complete cessation of pain may not be a realistic goal for some patients, self care, functional restoration, and successful reintegration into the workforce can be attainable goals even though the complete elimination of pain may not be possible." The stated treatment goals of reducing pain complaints is unrealistic and not supported by the literature and surely the chiropractic care has already emphasized importance of paced exercise.

The rationale for the opinions stated in this report are based on clinical experience and standards of care in the area as well as broadly accepted literature which includes numerous textbooks, professional journals, nationally recognized treatment guidelines and peer consensus.

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 patient via facsimile or U.S. Postal Service this day of 11/11/05 from the office of Professional Associates.

Sincerely,

_____
Lisa Christian
Secretary/General Counsel