

December 21, 2005

VIA FACSIMILE
Long Point Med Clinic
Attention: Carmen Gonzalez

VIA FACSIMILE
Employers Ins Co of Wausau Ins/Liberty Mutual
Attention: Carolyn Guard

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M2-06-0425-01
DWC #: _____
Injured Employee: _____
Requestor: Long Point Med Clinic
Respondent: Employers Ins Co of Wausau Ins/Liberty Mutual
MAXIMUS Case #: TW05-0241

MAXIMUS has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The MAXIMUS IRO Certificate Number is 5348. The TDI, Division of Workers Compensation (DWC) has assigned this case to MAXIMUS in accordance with Rule §133.308 which allows for a dispute resolution by an IRO.

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 physician who is board certified in physical medicine and rehabilitation on the MAXIMUS external review panel who is familiar with the condition and treatment options at issue in this appeal. The reviewer has met the requirements for the approved doctor list (ADL) of DWC or has been approved as an exception to the ADL requirement. A certification was signed that the reviewing provider has no known conflicts of interest between that provider and 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 IRO, was signed. In addition, the MAXIMUS physician reviewer certified that the review was performed without bias for or against any party in this case.

Clinical History

This case concerns a 39-year old male who sustained a work related injury on _____. The patient reported that while carrying a sack of concrete and climbing stairs, he tripped and landed full weight on his left knee against the edge of the step. Evaluation and treatment have included an MRI, x-rays, surgery, physical therapy, functional capacity evaluations and psychotherapy. Diagnoses have included acute synovitis, medial meniscus tear, medial femoral condyl abrasion, adhesions and suprapatellar pouch plica.

Requested Services

Preauthorization request for additional 5XWK X 2 WKS of work hardening.

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

Documents Submitted by Requestor:

1. Physical Medicine & Rehabilitation Notes – 11/2/05
2. Orthopedic Records – 12/29/04-9/19/05
3. Radiology Reports (MRI, etc.) – 1/7/05
4. Operative Report – 2/11/05
5. Behavioral Health Care Records – 5/5/05-8/30/05
6. Functional Capacity Evaluation – 5/16/05, 8/11/05
7. Physical Therapy Records – 6/16/05-8/30/05

Documents Submitted by Respondent:

1. Letter from Physical Therapist – 10/31/05
2. Denial Notifications – 9/15/05
3. Intracorp Utilization Review Documents – 9/15/05, 9/29/05, 10/7/05, 10/17/05
4. Orthopedic Surgeon's Notes – 6/29/05-10/17/05
5. Behavioral Healthcare Records – 7/7/05, 7/14/05, 7/21/05, 7/28/05, 8/24/05, 8/30/05

Decision

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

Standard of Review

This MAXIMUS determination is based upon generally accepted standard and medical literature regarding the condition and services/supplies in the appeal.

Rationale/Basis for Decision

The MAXIMUS physician consultant indicated the patient sustained a work related injury to the left knee on ___ and was eventually diagnosed with synovitis, medial meniscus tear, medial femoral condyle abrasion, adhesion and supra patellar plica. The MAXIMUS physician consultant noted he had extensive treatment including arthroscopic repair, psychological counseling, medication and a work hardening program for a total of six weeks. The MAXIMUS physician consultant explained he made some progress and his work capacity increased from light medium to medium. The MAXIMUS physician consultant also indicated he continues to have some range of motion limitations in his left knee but his muscle strength is reported as 5/5. The MAXIMUS physician consultant indicated his job requires heavy capacity. The MAXIMUS physician consultant noted that two more weeks of work hardening is not medically necessary for continued improvement. The MAXIMUS physician consultant explained that the patient could continue to work on improving his endurance, tolerance, flexibility and carrying capacity by exercises that do not require a work hardening program.

Therefore, the MAXIMUS physician consultant concluded that the proposed request for additional 5XWK X 2 WKS of work hardening is not medically necessary for treatment of the member'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: Division of Workers Compensation

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 21st day of December 2005.

Signature of IRO Employee: _____
External Appeals Department