

IRO America Inc.
An Independent Review Organization
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facsimile transmittal

To: Fax: 512-804-4868
From: IRO America Date: 3/27/2008
Re: Final Decision Letter Pages: 7
Cc:

Urgent For review Please Please reply Please recycle

IRO America Inc.

An Independent Review Organization

7626 Parkview Circle

Austin, TX 78731

Phone: 512-346-5040

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February 6, 2006

TDI-DWC Medical Dispute Resolution

Fax: (512) 804-4868

Patient: _____
TDI-DWC #: _____
MDR Tracking #: M2-06-0499-01
IRO #: 5251

IRO America Inc. (IRO America) has been certified by the Texas Department of Insurance as an Independent Review Organization. The TDI, Division of Workers' Compensation (DWC) has assigned this case to IRO America for independent review in accordance with DWC 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 DWC 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 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 carriers health care providers who reviewed the case for decision before 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

Notification of IRO Assignment, records from the Requestor, Respondent, and Treating Doctor(s), including:

1. Medical Dispute Resolution Request.
2. Medical report from David Fox, M.D., 5-13-05.
3. Chiropractic documentation dated 5-24-05 through 2-2-06 to include the initial physical examination, diagnostic sheets, SOAP notes, rehabilitation notes, and Daily Therapy Records.
4. Medical reports from Dennis Gutzman, M.D., 6-13-05, 6-16-05, 8-29-05, and 11-28-05.
5. Request for pre-authorization, 11-21-05 and 12-1-05.
6. Review Determination reports, 11-28-05 and 12-6-05.

CLINICAL HISTORY

According to the records, The Patient sustained a right knee injury while working on _____. According to the report from David Fox, M.D. dated 5-13-05, The Patient was a 38 year old female who stepped on an object at work and twisted her right knee and felt a pop. The Patient reported swelling. She also reported some sensation of giveaway. Physical examination revealed tenderness over the lateral joint line and lateral patella facet. Range of motion was 0 to 110°. The knee was "rock solid and stable." The physician reviewed the MRI and felt it was unremarkable. He performed an injection of Marcaine and Depo-Medrol. He also prescribed Celebrex.

On 5-24-05, The Patient started chiropractic treatment under the auspices of Kimberly Driggers, DC. Hip range of motion was mildly restricted in multiple planes. The Patient reported a numerical pain scale in her hip of 4/10. The Patient reported right knee pain rated 7-8/10. Knee flexion was 140° and extension was 0°. Manual motor testing revealed weakness in the right knee musculature. There was swelling over the medial joint line and medial joint line tenderness with palpation. The Patient reported "locking" and "giving out." Chiropractic treatment was implemented including electrical stimulation, manual therapy, and therapeutic exercise at an intensity of 2-8 units. Chiropractic treatment continued through July of 2005.

On 6-13-05, The Patient was evaluated by Dennis Gutzman, M.D. The Patient reported right knee pain. Physical examination revealed mild swelling, pain along the medial joint line with palpation, medial McMurray's and pain along the medial aspect of the patella. He reviewed the MRI and felt The Patient had mild chondromalacia and some evidence of a small tear of the posterior horn of the medial meniscus. Due to failed previous conservative care, he recommended surgical intervention.

On 8-16-05, arthroscopic knee surgery was performed to The Patient's medial meniscus.

A re-evaluation was performed by Dr. Gutzman on 8-29-05. He recommended the implementation of post-surgical rehabilitation.

On 8-30-05, The Patient started post-surgical rehabilitation under the auspices of Kimberly Driggers, DC. Postsurgical treatment included electrical stimulation, myofascial release, and up to 6 units of one-on-one based therapeutic exercise through November of 2005. Treatment included non-weight bearing flexibility exercises, non-weight bearing knee strengthening exercises, and eventually weight-bearing/structural knee strengthening exercises. Treatment even included some hip and ankle/foot rehabilitation. Again, in-office one-on-one based exercise was performed for 1 1/2 hours on multiple sessions to include a progressive rehabilitation program for strength and stability.

According to the chiropractic documentation dated 10-12-05, The Patient reported a numerical pain scale of 3/10. On 10-20-05, The Patient reported a numerical pain scale of 3/10. On 10-27-05, The Patient reported a numerical pain scale of 3/10. She also reported numbness and sharp pains. She reported aggravating factors included standing, walking, sitting, and driving. On 11-15-05, The Patient reported a numerical pain scale of 3/10.

On 11-21-05, a request for additional physical therapy was recommended and denied by the insurance carrier.

According to the chiropractic documentation dated 11-22-05, The Patient reported a numerical pain scale of 3/10. She also reported numbness and sharp pains. She reported aggravating factors included standing, walking, sitting, and driving.

On 11-28-05, The Patient was re-evaluated by Dr. Gutzman. He noted quadricep weakness, generalized joint line tenderness, and negative McMurray's. He recommended continued therapy.

According to the chiropractic documentation dated 11-28-05. The Patient reported a numerical pain scale ranging between 3/10 and 4/10. She reported numbness and sharp pains. She reported pain with walking, sitting, standing, and driving.

On 12-1-05, a request for reconsideration for additional physical therapy was made; however, denied by the insurance carrier. Dr. Driggers felt additional care was reasonable for three reasons. First, Dr. Gutzman recommended additional care. Second, The Patient was incapable of returning to work; however, "wants to return to work." Third, The Patient "is one patient that needs to be pushed because she complains of pain with activity and would not do the therapy on her own." Dr. Driggers goes on to write that it is "just not feasible that she would do much activity at all, much less appropriate activity to strengthen her injured area."

On 12-21-05, despite no additional physical therapy for nearly 4 weeks, The Patient reported a numerical pain scale of 3/10. She denied sharp pains; however, continued to report of numbness. Aggravating factors include a walking, sitting, standing, and driving.

According to the chiropractic documentation dated 2-2-06, despite no additional in-office rehabilitation for more than two months, The Patient reported a numerical pain scale of 3/10. She reported increased pain with walking, sitting, standing, and driving.

DISPUTED SERVICE(S)

Under dispute is the prospective, and/or concurrent medical necessity of 18 additional physical therapy visits.

DETERMINATION/DECISION

The Reviewer agrees with the determination of the insurance company.

RATIONALE/BASIS FOR THE DECISION

The documentation fails to demonstrate adequate subjective improvement with the treatment provided beyond October of 2005. The Patient continues to report a numerical pain

scale of 3/10 even as late as February of 2006, despite complete discontinuation of in-office treatment for more than two months.

Additional treatment would extend far beyond guideline parameters without medical justification to support additional in-office care. The Official Disability Guidelines indicates the typical patient suffering from a meniscus tear will require 8 weeks of physical therapy. Post-operatively, an additional 8-12 weeks of in-office supervised rehabilitation would be reasonable. However, this Patient has participated in up to 1 1/2 hours of supervised rehabilitation to include flexibility exercises, stability exercises, and even weight-bearing/structural knee exercises.

Given the amount of treatment and the intensity of one-on-one supervision, this Patient should be capable of continuing a home exercise program independently at home. In all medical probability, additional supervised rehabilitation will not provide lasting subjective, objective, or functional improvement at a rate greater than or equal to an independent home program.

Lastly, the post-surgical rehabilitation previously implemented has not enhanced the ability of The Patient to return to work. The Official Disability Guidelines indicate similar post-operative patients return to manual work within 42 days and even heavy manual/standing work within 84 days. The Patient's surgery was in August of 2005; therefore, The Patient is now 5 1/2 months status post surgery and 9 1/2 months status post injury. Return to work time frame is a good measure of the overall success of a rehabilitation program.

Screening Criteria

1. Specific:
 - Official Disability Guidelines
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 DWC 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 DWC, the Injured Employee, the Respondent, the Requestor, and the Treating Doctor.

Sincerely,
IRO America, Inc.

Dr. Roger Glenn Brown
President & Chief Resolutions Officer

Cc: _____

Bandera Road Injury Center
Attn: Kimberly Driggers
Fax: 210-521-4140

Travelers Indmenity Co.
Attn: Jeanne Schafer
Fax: 512-347-7870

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.

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

I hereby certify, in accordance with DWC 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 DWC via facsimile, U.S. Postal Service or both on this 6th day of February, 2006.

Name and Signature of IRO America Representative:

Sincerely,
IRO America, Inc.

Dr. Roger Glenn Brown
President & Chief Resolutions Officer