

April 19, 2006

TX DEPT OF INS DIV OF WC
AUSTIN, TX 78744-1609

CLAIMANT: ___

EMPLOYEE: ___

POLICY: M2-06-0981-01

CLIENT TRACKING NUMBER: M2-06-0981-01/5278

Medical Review Institute of America (MRIOA) has been certified by the Texas Department of Insurance as an Independent Review Organization (IRO). The Texas Department of Insurance Division of Workers Compensation has assigned the above mentioned case to MRIOA for independent review in accordance with DWC Rule 133 which provides for medical dispute resolution by an IRO.

MRIOA 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. Itemization of this information will follow.

The independent review was performed by a peer of the treating provider for this patient. The reviewer in this case is on the DWC approved doctor list (ADL). The reviewing provider has no known conflicts of interest existing 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.

Records Received:

Records Received from the State:

- Notification of IRO Assignment, 3/28/06 - 2 pages
- Medical Dispute Resolution Request/Response, 3/28/06 - 2 pages
- Table of Disputed Services, undated - 1 page
- Denial Letter from Texas Mutual, 2/8/06 - 2 pages
- Denial Letter from Texas Mutual, 2/22/06 - 2 pages

Records Received from the Requestor:

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- Appeal Letter from North Texas Pain Recovery Center, 4/3/06 – 2 pages
- Table of Attachments, undated – 1 page
- Authorization Request from North Texas Pain Recovery Center, 2/3/06 – 1 page
- Authorization Request from North Texas Pain Recovery Center, 1/26/06 – 2 pages
- Case Summary from North Texas Pain Recovery Center, 2/3/05 – 1 page
- Behavioral Health Assessment from North Texas Pain Recovery Center, 1/25/06 – 3 pages
- Office Notes from North Texas Pain Recovery Center, 1/25/06 – 2 pages
- Physical Rehabilitation Evaluation from North Texas Pain Recovery Center, 1/25/06 – 2 pages
- Treatment Plan from North Texas Pain Recovery Center, undated – 2 pages
- MRI Right Knee – Extended Study from Radiology Associates, 1/13/04 – 2 pages
- Letter to Dr. Weldon from Radiology Associates, 7/29/05 – 3 pages
- Operative Report from Plaza Medical Center of Fort Worth, 10/19/04 – 2 pages
- Order for Comprehensive Pain Management, Work Hardening, and Functional Capacity Evaluation, 1/24/06 – 1 page
- Letter of Referral and Medical Necessity from North Texas Pain Recovery Center, 1/24/06 – 1 page
- Denial Letter from Texas Mutual, 2/8/06 – 2 pages
- Notice of Disputed Issue(s) and Refusal to Pay Benefits from Texas Mutual, 3/1/05 – 1 page
- Letter to Joseph Daniels, DO from Texas Mutual, 11/10/05 – 2 pages
- Letter to Dr. Ken Walker from Joseph Daniels, DO, 2/14/06 – 1 page
- Authorization Request from North Texas Pain Recovery Center, 2/14/06 – 1 page
- Letter to Dr. Ken Walker from Joseph Daniels, DO, 2/14/06 – 1 page
- Denial Letter from Texas Mutual, 2/22/06 – 2 pages
- Guidelines Met by the Patient, undated – 3 pages
- Physical Rehabilitation Evaluation from North Texas Pain Recovery Center, 1/25/06 – 2 pages
- Office Notes from North Texas Pain Recovery Center, 1/25/06 – 2 pages
- Behavioral Health Assessment from North Texas Pain Recovery Center, 1/25/06 – 3 pages
- Order for Comprehensive Pain Management, Work Hardening, and Functional Capacity Evaluation, 1/24/06 – 1 page
- Letter of Referral and Medical Necessity from North Texas Pain Recovery Center, 1/24/06 – 1 page

Records Received from the Respondent:

- Letter to MRIOA from Texas Mutual, 4/12/06 – 2 pages
- MRI Right Knee – Extended Study from Radiology Associates, 10/13/04 – 2 pages
- Operative Report from Plaza Medical Center of Fort Worth, 10/19/04 – 2 pages
- Letter to ____ from Texas Mutual, 1/11/05 – 2 pages
- Required Medical Examination from Hooman Sedighi, MD, 4/13/05 – 3 pages
- DWC-69 Report of Medical Evaluation, 7/13/05 – 1 page
- Letter to DWC from James Box, MD, 7/13/05 – 6 pages
- Letter to Dr. Weldon from Nydic, 7/29/05 – 2 pages
- Addendum Letter to DWC from James Box, MD, 9/19/05 – 3 pages
- Physical Rehabilitation Evaluation from North Texas Pain Recovery Center, 1/25/06 – 2 pages

- Weekly Progress Report from North Texas Pain Recovery Center, 1/30/06–2/3/06 – 2 pages
- Pain Management Work Hardening Notes from North Texas Pain Recovery Center, 1/31/06–2/2/06 – 1 page
- Biofeedback Training from North Texas Pain Recovery Center, 1/30/06–2/3/06 – 1 page
- Poly Pharmacy Group Discussion from North Texas Pain Recovery Center, 2/1/06 – 1 page
- Process Group Notes from North Texas Pain Recovery Center, 1/30/06–2/3/06 – 1 page
- Individual Session from North Texas Pain Recovery Center, 1/25/06 – 1 page
- Weekly Progress Report from North Texas Pain Recovery Center, 2/6/06–2/17/06 – 4 pages
- Office Notes from North Texas Pain Recovery Center, 2/3/06 – 2 pages
- Notes from Weldon Medical Clinic, 3/24/06 – 1 page

Duplicate Records Received:

- Various Records, various dates – 52 pages

Summary of Treatment/Case History:

This is a 54-year-old male patient with a diagnosis of right knee pain. The patient was a commercial painter and hurt himself at work. He had a prior left knee injury and had had surgery on that. He underwent arthroscopic repair a month after his right knee date of injury. The MRI of 7/05 showed another large meniscal tear and underlying degenerative joint disease (DJD) and chondromalacia. A TKR has been recommended for the right knee. The patient had 2 independent medical examinations (IMEs) which felt this was due to underlying pathology so it was denied by Workers' Compensation (WC) as noncompensable. The patient had work hardening which he could not complete due to pain in 1/06. Despite his known underlying painful degenerative joint disease (DJD) which is deemed surgical but not WC related, he is being considered for a pain program.

Questions for Review:

Item(s) in Dispute: Pre-Authorization denied for 240 hours of Chronic Pain Management. Medical necessity?

Explanation of Findings:

Item(s) in Dispute: Pre-Authorization denied for 240 hours of Chronic Pain Management. Medical necessity?

This is a male patient with a diagnosis of right knee pain. The patient had an injury in ___ which caused internal derangement and he then had arthroscopy. He had a pre-existing left knee injury. The patient was told recently he needed a TKR due to DJD of the knee confirmed by MRI of 7/05. This also showed an anterior cruciate ligament (ACL) sprain and Grade IV tear in the lateral meniscus. He is also obese and of middle age which all attributes to inherent DJD of the knees. The TKR was denied by WC as noncompensable; the patient has noted surgical pathology; the pain program is requested anyway. The patient has had work hardening (6 sessions) in 1/06 and psych/biofeedback, physical therapy (PT), and medications. The pain program is not reasonable as the patient has severe underlying DJD which requires a TKR and which will not respond to a pain program or its components and which will continue to cause him pain if left surgically untreated.

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Conclusion/Decision to Not Certify:

The pain management program is not medically necessary.

Applicable Clinical or Scientific Criteria or Guidelines Applied in Arriving at Decision:

Criteria used are common practice among osteopathic and pain physicians.

References Used in Support of Decision:

1. ACOEM guidelines copyright 2004.
2. Bonica's Management of Pain third edition copyright 2000.
3. Practical Management of Pain copyright 2000.

The physician providing this review is board certified in Anesthesiology and is a doctor of Osteopathy. The reviewer is currently an attending physician at a major medical center providing anesthesia and pain management services. The reviewer has participated in undergraduate and graduate research. The reviewer has been in active practice since 1988.

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.

Chief Clerk of Proceedings/Appeals Clerk
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. MRIOA is forwarding this decision by mail, and in the case of time sensitive matters by facsimile, a copy of this finding to the DWC.

It is the policy of Medical Review Institute of America to keep the names of its reviewing physicians confidential. Accordingly, the identity of the reviewing physician will only be released as required by state or federal regulations. If release of the review to a third party, including an insured and/or provider, is necessary, all applicable state and federal regulations must be followed.

Medical Review Institute of America retains qualified independent physician reviewers and clinical

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advisors who perform peer case reviews as requested by MRIOA clients. These physician reviewers and clinical advisors are independent contractors who are credentialed in accordance with their particular specialties, the standards of the American Accreditation Health Care Commission (URAC), and/or other state and federal regulatory requirements.

The written opinions provided by MRIOA represent the opinions of the physician reviewers and clinical advisors who reviewed the case. These case review opinions are provided in good faith, based on the medical records and information submitted to MRIOA for review, the published scientific medical literature, and other relevant information such as that available through federal agencies, institutes and professional associations. Medical Review Institute of America assumes no liability for the opinions of its contracted physicians and/or clinician advisors. The health plan, organization or other party authorizing this case review agrees to hold MRIOA harmless for any and all claims which may arise as a result of this case review. The health plan, organization or other third party requesting or authorizing this review is responsible for policy interpretation and for the final determination made regarding coverage and/or eligibility for this case.

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Case Analyst: Jamie C ext 583

CC: requestor and respondent