PROFESSIONAL ASSOCIATES

**NOTICE OF INDEPENDENT REVIEW**

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| **NAME OF PATIENT:** | ___ |
| **IRO CASE NUMBER:** | M2-06-1088-01 |
| **NAME OF REQUESTOR:** | Positive Pain Management |
| **NAME OF PROVIDER:** | Eugene Lee Brown, Jr., M.D. |
| **REVIEWED BY:** | Board Certified in Pain Management<br>Board Certified in Anesthesiology<br>Board Certified in Pain Medicine |
| **IRO CERTIFICATION NO:** | IRO 5288 |
| **DATE OF REPORT:** | 04/27/06 |

Dear Positive Pain Management:

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.

This case was reviewed by a physician reviewer who is Board Certified in the area of Pain Management, Anesthesiology, 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:

Evaluations with David L. West, M.D. dated 05/28/97 and 06/09/97
Evaluations with Brent Brotzman, M.D. dated 06/11/97, 07/02/97, 07/28/97, 09/24/97, 08/19/98, 11/10/98, 10/11/02, 11/14/02, and 12/04/02
A letter "To Whom It May Concern" written by Dr. Brotzman on 07/09/97
An operative report with Dr. Brotzman dated 07/10/97
An evaluation with Gert Vanderwilt, P.T. dated 07/30/97
Physical therapy progress reports with Andy Penner, P.T. dated 08/18/97 and 09/22/97
An impairment rating evaluation with Dr. Brotzman dated 10/16/97
Laboratory studies dated 11/01/02
Evaluations with Eugene Brown, M.D. dated 08/16/04, 10/28/04, 12/14/04, 12/21/04, 01/20/05, 02/03/05, 03/03/05, 04/04/05, 05/04/05, 07/05/05, 09/06/05, 09/17/05, 11/29/05, 12/19/05, 01/08/06, 02/05/06, and 02/08/06
An evaluation with Epifanio V. Dimazana, M.D. dated 08/17/04
Evaluations with Rufino H. Gonzalez, M.D. dated 10/21/04, 01/17/05, 10/10/05, and 12/06/05
Evaluations with Keith Williamson, P.A. dated 10/28/04, 12/14/04, 01/20/05, 02/25/05, 03/03/05, 04/04/05, 05/04/05, 08/05/05, 10/22/05, and 11/18/05
A physical therapy evaluation with Witold Drozdowski, P.T. dated 11/01/04
Medical records reviews with Delores Morton, R.N. dated 11/30/04 and 02/09/06
An evaluation with Patrick W. Mulroy, M.D. dated 03/27/05
An evaluation with an unknown provider (the signature was illegible) dated 06/03/05
A CT scan of the right lower extremity interpreted by Karl T. Fan, M.D. dated 11/04/05
An evaluation with an unknown provider (the signature was illegible) dated 11/05/05
An evaluation with A. Perez, M.D., Tim Boggs, M.D., and Ron F. Zeigler, Ph.D. dated 11/29/05
Letters of non-authorization from Bill Kissentaner, B.S., R.N. at Genex dated 01/23/06 and 02/03/06

A letter from Gale Frost at Gallagher Bassett Services, Inc. dated 03/29/06

**Clinical History Summarized:**

On 06/11/97, Dr. Brotzman recommended a knee brace, light duty, and an MRI. On 07/10/97, Dr. Brotzman performed an arthroscopy, partial medial meniscectomy, and debridement. On 10/16/97, Dr. Brotzman placed the patient at Maximum Medical Improvement (MMI) with a 9% whole person impairment rating. Cataflam was prescribed by Dr. Brotzman on 08/19/98. Dr. Brotzman performed a Cortisone injection on 11/10/98. On 10/11/02, Dr. Brotzman recommended an ACL brace and ACL reconstruction. On 11/30/04, Ms. Morton felt that current treatment appeared related to the injury of ___ and future treatment would most likely include at least two arthroscopies, two total knee replacements, and medication. On 12/21/04, Dr. Brown performed a Toradol injection. On 01/17/05 and 10/10/05, Dr. Gonzalez recommended a knee arthroscopy. On 09/06/05, Dr. Brown recommended a CT scan of the knee. The CT scan of the knee interpreted by Dr. Fan on 11/04/05 revealed a small fracture of the medial tibial plateau, degenerative joint changes in the medial compartment, and a loose body. Dr. Ziegler recommended a pain management program on 11/29/05. On 01/23/06 and 02/03/06, Genex wrote letters of non-authorization for the chronic pain management program.

**Disputed Services:**

A twenty day chronic pain management program

**Decision:**

I disagree with the requestor. The twenty sessions of a chronic pain management program would not be reasonable or necessary as related to the original injury.

**Rationale/Basis for Decision:**

There was no medical reason or necessity for a chronic pain management program unless all appropriate medical treatment and evaluation has been exhausted. Clearly, in this case, medical treatment has not been exhausted, as there was documentation of ongoing requests for further surgery. Moreover, the patient has not had any trial of lesser levels of psychological care. Given the complete lack of medical evidence and documentation of this patient having psychological distress or manifestations of psychological illness (other than the self-report documented in the

evaluation by the chronic pain management program), there was no medical reason or necessity for this patient to undergo tertiary level care, such as a chronic pain management program. There was clear objective evidence of ongoing pathology involving the right knee, although that evidence was more of a degenerative nature. In that regard, the patient's continuing pain complaints are, in my opinion, possibly due to progressive degenerative joint disease of the right knee, probably exacerbated by her obesity.

In any case, given the documentation of ongoing request for medical treatment and the lack of trials of lesser levels of psychological treatment, and medications, there was no medical reason or necessity for 20 sessions of the chronic pain management program as related to the work injury of ___.

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 Division 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 04/27/06 from the office of Professional Associates.

Sincerely,

_____
Amanda Grimes
Secretary/General Counsel