

May 9, 2006

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

CLAIMANT: \_\_\_

EMPLOYEE: \_\_\_

POLICY: M2-06-1137-01

CLIENT TRACKING NUMBER: M2-06-1137-01/5278

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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:**

FROM THE STATE OF TEXAS:

Notification of IRO assignment 4/13/06 - 1 page

Texas Department of Insurance Division of Workers Compensation form 4/13/06 - 1 page

Medical dispute resolution request response form - 1 page

Table of disputed services - 1 page

Provider form - 1 page

Letter from Patricia Walton, LPN 3/6/06 - 2 pages

Letter from Patricia Walton, LPN 3/13/06 - 2 pages

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FROM THE REQUESTOR/Patrick R. E. Davis, DC:

MRI scan right knee 8/16/05 - 1 page  
Operative report 9/6/05 - 1 page  
Initial FCE - Comprehensive 12/13/05 - 12 pages  
Functional capacity evaluation summary 12/13/05 - 15 pages  
Manual muscle test - knee flexion (laterally rotated) - 1 page  
Manual muscle test - knee extension - 1 page  
Lift task - arm - 1 page  
Lift task - leg - 1 page  
Lift task - Hi-near - 1 page  
Grip strength test - 1 page  
Interim FCE - Comprehensive 2/23/06 - 11 pages  
Functional capacity evaluation summary 2/23/06 - 14 pages

FROM THE RESPONDENT/Texas Mutual Insurance Co.:

Letter from Texas Mutual to MRloA 5/2/06 - 3 pages  
Letter from Oristech to Patrick Davis, DC 12/19/05 - 2 pages  
Report of medical evaluation 2/8/06 - 1 page  
Letter from Elbert Robinson, MD to TDI-Division of Workers Compensation 2/8/06 - 2 pages  
Supplemental information on claimant review of medical history and physical examination - 1 page  
Review of medical history and physical exam 2/8/06 - 3 pages  
Letter from Patricia Walton, LPN 3/6/06 - 2 pages  
Letter from Patricia Walton, LPN 3/13/06 - 2 pages  
Follow up examination report 3/31/06 - 2 pages

**Summary of Treatment/Case History:**

The patient is a male who underwent knee surgery and 14 sessions of work conditioning after sustaining an injury at work on \_\_\_ when his foot got stuck in fresh asphalt, and he fell.

**Questions for Review:**

1. Item(s) in dispute: Pre-Authorization request: Additional 20 sessions of work conditioning 5 x week x 4 weeks.

**Explanation of Findings:**

Expectation of improvement in a patient's condition should be established based on success of treatment. Continued treatment is expected to improve the patient's condition and initiate restoration of function. If treatment does not produce the expected positive results, it is not reasonable to continue that course of treatment. In this case, there is no documentation of objective or functional improvement in this patient's condition.

In fact, no work conditioning treatment notes were submitted by the provider for review. Therefore, it is unknown if the previously attempted 14 sessions of work conditioning were in any way beneficial. Without medical treatment records that address that issue, there is less than sufficient documentation to support the medical necessity of the proposed treatment.

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**Conclusion/Decision to Not Certify:**

1. Item(s) in dispute: Pre-Authorization request: Additional 20 sessions of work conditioning 5 x week x 4 weeks.

The request for an additional 20 sessions of work conditioning 5 x week are not authorized, based on the above rationale.

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This review was provided by a chiropractor licensed in Texas, certified by the National Board of Chiropractic Examiners, and who is a member of the American Chiropractic Association and has several years of licensing board experience. This reviewer has written numerous publications and given several presentations with their field of specialty. This reviewer has been in continuous active practice for over twenty-five years.

**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 advisors who perform peer case reviews as requested by MRIOA clients.

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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: Cherstin B ext 597

cc: Requestor  
Respondent