

May 9, 2006

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

CLAIMANT: ___

EMPLOYEE: ___

POLICY: M2-06-1185-01

CLIENT TRACKING NUMBER: M2-06-1185-01

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, 4/24/06 - 2 pages
- Medical Dispute Resolution Request/Response, 4/24/06 - 2 pages
- Table of Disputed Services, undated - 1 page
- Genex Texas Outpatient Non-Authorization Recommendation, 3/9/06 - 2 pages
- Genex Texas Outpatient Non-Authorization Recommendation, 3/23/06 - 2 pages

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Records Received from the Requestor:

- Notification of IRO Assignment, 4/6/06 - 1 page
- Table of Records Sent, 4/26/06 - 1 page
- Office Notes from Neuromuscular Institute of Texas, 12/29/05-3/29/06- 8 pages
- New Patient Evaluation/Intake Note, 4/4/06 - 3 pages
- Progress Notes, 4/20/06 - 1 page
- NIT Initial Evaluation, 3/3/06 - 3 pages
- Lower Extremity Evaluation, 4/11/06 - 5 pages
- Radiology Report, MRI Lower Ext JR W/WO (Right Knee), 1/25/06 - 1 page
- Radiology Report, Right Knee AP/LAT 2 Views, 1/25/06 - 1 page
- Functional Capacity Evaluation from Neuromuscular Institute of Texas, 4/3/06 - 9 pages
- Genex Texas Outpatient Non-Authorization Recommendation, 3/9/06 - 3 pages
- Genex Texas Outpatient Non-Authorization Recommendation, 3/23/06 - 2 pages

Summary of Treatment/Case History:

The patient is a 46-year-old male who, on ____, attempted to climb onto the tailgate of a pickup truck to install a toolbox, but when he placed his right foot onto the tailgate and tried to step up, he felt a slight pop followed by instant onset of pain and throbbing in his right knee. He reported the incident and was referred for medical care. The ensuing MRI revealed a torn meniscus and he eventually underwent surgical repair in July.

His pain continued, with actual worsening, so he returned to his orthopedic surgeon who placed him on temporary total disability on 12/14/05 (where he has remained). On 12/29/05, he presented himself to a doctor of chiropractic for evaluation and management, and to continue his care.

A repeat MRI performed on 1/25/06 revealed a torn posterior horn of the medial meniscus. A second surgical repair was performed on 2/22/06. The issue in dispute in this case is referable to a postoperative physical therapy and rehabilitation program.

Questions for Review:

Items in dispute: pre authorization request: postoperative occupational therapy 5 times a week for 1 week (5visits), then 3 times a week for 4 weeks (12 additional visits) (17 total) codes #97035, #G0283, #97140, #97010, and #97110.

Explanation of Findings:

Items in dispute: pre authorization request: postoperative occupational therapy 5 times a week for 1 week (5visits), then 3 times a week for 4 weeks (12 additional visits) (17 total) codes #97035, #G0283, #97140, #97010, and #97110.

In this case, the medical records adequately documented that a compensable injury occurred to the claimant's right knee, and that - as a result of this injury - the patient underwent 2 surgical procedures.

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Given the unsuccessful results from the first attempt at surgical repair, it is absolutely essential that postoperative management be conducted timely and properly, so that an improved outcome will occur. Also, since the patient has had two separate surgical procedures within the past six months, the case is complicated, likely requiring more treatment than what a single, straightforward arthroscopic procedure would otherwise require. Finally, the physical performance evaluation performed on 4/3/06 documented continued deficits that would require additional physical therapy intervention. Thus, the requested program of ultrasound, manual therapy, electrical stimulation, ice, and exercise is supported as medically necessary.

Conclusion/Decision to Certify:

The requested program is appropriate.

References Used in Support of Decision:

Haldeman, S; Chapman-Smith, D; Petersen, D Guidelines for Chiropractic Quality Assurance and Practice Parameters, Aspen Publishers, Inc.

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

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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. 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