



PROFESSIONAL ASSOCIATES

NOTICE OF INDEPENDENT REVIEW

NAME OF PATIENT: _____
IRO CASE NUMBER: M2-06-1325-01
NAME OF REQUESTOR: Delida Maria Morgado, D.C.
NAME OF PROVIDER: Delida Maria Morgado, D.C.
REVIEWED BY: Licensed by the Texas State Board of Chiropractic
Examiners
IRO CERTIFICATION NO: IRO 5288
DATE OF REPORT: 06/08/06

Dear Dr. Morgado:

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 Licensed in the area of Chiropractics 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

M2-06-1325-01

Page Two

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 Delida Morgado, D.C. dated 08/22/05, 09/12/05, 10/21/05, 11/11/05, and 12/20/05

Chiropractic therapy with Dr. Morgado dated 08/22/05, 08/23/05, 08/25/05, 08/26/05, 08/29/05, 08/31/05, 09/02/05, 09/06/05, 09/07/05, 09/09/05, 09/12/05, 09/14/05, 09/16/05, 09/19/05, 09/28/05, 09/30/05, 10/04/05, 10/05/05, 10/07/05, 10/10/05, 10/12/05, 10/14/05, 10/17/05, 10/18/05, 10/19/05, 10/24/05, 10/26/05, 10/29/05, 10/31/05, 11/04/05, 11/07/05, 11/10/05, 11/11/05, 11/15/05, 11/16/05, 11/21/05, 11/23/05, 11/28/05, 11/30/05, 12/08/05, 12/19/05, 12/29/05, 01/11/06, 01/18/06, 02/01/06, 03/02/06, 03/04/06, 03/06/06, 03/08/06, 03/10/06, 03/13/06, 03/15/06, 03/17/06, 03/22/06, 03/24/06, and 03/27/06

DWC-73 forms filed by Dr. Morgado dated 08/23/05, 09/14/05, 10/14/05, 10/28/05, 11/11/05, 12/16/05, 01/18/06, 02/07/06, 03/06/06, 04/06/06, and 05/05/06

MRIs of the brain, lumbar spine, and sacrum interpreted by K. Francis Lee, M.D. dated 08/24/05

Evaluations with Jacob Varon, M.D. dated 08/25/05 and 12/08/05

Preauthorization requests from Dr. Morgado dated 08/25/05, 11/22/05, 11/30/05, 01/03/06, 02/23/06, 03/27/06, and 04/17/06

An evaluation with Arthur Dale Ericsson, M.D. dated 08/30/05

EMG/NCV studies interpreted by William L. High, M.D. dated 09/14/05

Computerized muscle testing and range of motion testing with an unknown provider (no name or signature was available) dated 09/14/05 and 10/05/05

A Functional Capacity Evaluation (FCE) with Dr. Morgado dated 11/10/05

An evaluation with George W. Cox, M.D. dated 11/28/05

Letters of approval from Corvel dated 12/01/05 and 01/09/06

X-rays of the right ankle interpreted by Andrew G. Varady, M.D. dated 12/09/05

An MRI of the right ankle interpreted by Kevin E. Legendre, M.D. dated 12/12/05

FCEs with an unknown provider (no name or signature was available) dated 12/12/05 and 03/22/06

Evaluations with David P. Loncarich, M.D. dated 01/11/06, 01/23/06, 02/22/06, 03/20/06, and 04/17/06

M2-06-1325-01

Page Three

An operative report from Dr. Loncarich dated 02/07/06
Requests for rehabilitation from Dr. Loncarich dated 02/22/06 and 04/17/06
Physician advisor referral forms from Corvel dated 03/28/06 and 04/18/06
Letters of denial from Corvel dated 03/30/06 and 04/21/06
A referral form from Dr. Morgado dated 04/03/06
An evaluation with Lubor Jarolimek, M.D. dated 04/10/06
A rebuttal letter written by Dr. Morgado dated 04/17/06
A letter of medical necessity from Dr. Morgado dated 04/24/06
A letter from Neal Moreland at Employers Claims Adjustment Services dated 05/09/06
A summary of healthcare provider's position from Dr. Morgado dated 05/17/06

Clinical History Summarized:

Chiropractic therapy was performed with Dr. Morgado from 08/22/05 through 03/27/06 for a total of 56 sessions. MRIs of the brain, lumbar spine, and sacrum performed on 08/24/05 and interpreted by Dr. Lee revealed a 1.5 cm retention cyst or polyp in the left maxillary sinus and some stenosis of the right lacrimal duct, suggestive of a partial obstruction due to inflammatory process. There was also hypertrophy of the nasal turbinate on the right partially obstructing the nasal cavity. There was a 1.5 mm. disc bulge at L4-L5 with early degenerative change of the facet joints and a 2 mm. disc bulge with moderate stenosis and early degenerative disease at L5-S1 with unilateral sacralization of L5. On 08/25/05, Dr. Morgado provided a preauthorization request for 18 therapy visits. EMG/NCV studies interpreted by Dr. High on 09/14/05 revealed lumbar radiculopathy involving the right S1 nerve root. An FCE performed with Dr. Morgado on 11/10/05 revealed the patient was functioning in the sedentary light physical demand level. On 11/22/05, 11/30/05, and 01/03/06, Dr. Morgado provided a preauthorization request for four therapy visits. On 11/28/05, Dr. Cox recommended only light work duty and non-steroidal anti-inflammatories, but no further chiropractic therapy. Corvel wrote a letter of approval for four therapy sessions on 12/01/05. X-rays of the right ankle interpreted by Dr. Varady on 12/09/05 revealed soft tissue swelling. An MRI of the right ankle interpreted by Dr. Legendre on 12/12/05 revealed a moderate to large tibiotalar joint effusion and sprains of the anterior talofibular and deltoid ligaments. An FCE with the unknown provider on 12/12/05 determined the patient was functioning at less than the sedentary physical demand level. On 01/09/06, Corvel wrote a letter of approval for two therapy sessions. On 01/11/06, Dr. Loncarich performed an ankle injection and recommended consideration for a possible arthroscopy. On 02/07/06, Dr. Loncarich performed an ankle arthroscopy with debridement of synovitis and tenosynovitis, and application of a compressive dressing and short leg cast. On 02/23/06, 03/27/06, and 04/17/06, Dr. Morgado provided a preauthorization request for 12 therapy sessions. An FCE with the unknown provider on 03/22/06 determined the patient functioned at the light physical demand level. On 03/30/06

M2-06-1325-01

Page Four

and 04/21/06, Corvel wrote a letter of denial for the 12 therapy sessions. On 04/10/06, Dr. Jarolimek recommended continued active rehabilitation and non-steroidal anti-inflammatories and muscle relaxants. On 04/24/06, Dr. Morgado wrote a letter of medical necessity for the 12 sessions of physical therapy. On 05/09/06, Mr. Moreland at Employer's Claims Adjustment Services wrote a note supporting the denial for 12 weeks of physical therapy. Dr. Morgado provided a summary of the healthcare provider's opinion on 05/17/06.

Disputed Services:

Physical therapy three times a week for four weeks

Decision:

I agree with the requestor. The physical therapy three times a week for four weeks is reasonable and necessary.

Rationale/Basis for Decision:

According to the medical records provided for review, the patient was injured on _____. He underwent diagnostic arthroscopic surgery to the right ankle on _____. The postoperative diagnoses included chronic right ankle pain, mild synovitis, and mild tenosynovitis of the peroneal tendon. The treatment in question is physical therapy three times a week for four weeks. According to the Official Disability Guidelines, 2005, the post surgical rehabilitation to the ankle allows for up to 34 visits over 16 weeks. Thus, according to the records provided for review, the treatment (three times a week for four weeks), in question falls within the Official Disability Guidelines for postoperative rehabilitation of the ankle and is medically necessary to treat this patient.

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.

M2-06-1325-01

Page Five

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 06/08/06 from the office of Professional Associates.

Sincerely,

Lisa Christian
Secretary/General Counsel