

IRO America Inc.

An Independent Review Organization

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June 20, 2006

TDI-DWC Medical Dispute Resolution

Fax: (512) 804-4868

Patient: _____

TDI-DWC #: _____

MDR Tracking #: M2-06-1426-01

IRO #: 5251

IRO America Inc. (IRO America) has been certified by the Texas Department of Insurance as an Independent Review Organization. The TDI, Division of Workers' Compensation (DWC) has assigned this case to IRO America for independent review in accordance with DWC Rule 133.308 which allows for medical dispute resolution by an IRO.

IRO America 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.

The independent review was performed by a matched peer with the treating doctor; the Reviewer is a credentialed Panel Member of IRO America's Medical Knowledge Panel who is a licensed MD, board certified and specialized in Orthopedic Surgery. The reviewer is on the DWC Approved Doctor List (ADL).

The IRO America Panel Member/Reviewer is a health care professional who has signed a certification statement stating that no known conflicts of interest exist between the Reviewer 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 carriers health care providers who reviewed the case for decision before referral to IRO America for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

RECORDS REVIEWED

Notification of IRO Assignment, records from the Requestor, Respondent, and Treating Doctor(s), including:

- CT, 07/01/05
- Functional capacity evaluation, 12/12/05
- Initial evaluation, Dr. Berliner, 01/31/06
- EMG, 02/20/06
- Right foot CT, 02/22/06
- Lumbar spine MRI, 02/22/06

- Right and left knee MRI, 02/23/06
- Lumbar spine and right ankle x-rays, 02/27/06
- Office note, Dr. Berliner, 03/02/06
- Thoracic spine MRI, 03/08/06
- Designated Physician evaluation, Dr. Guerrero, 04/06/06
- Consul, Dr. Ribeiro, 05/02/06
- Report by Dr. Berliner, 05/02/06
- Attorney letter, 05/25/06 and 06/07/06

CLINICAL HISTORY

The Patient is a 46 year old male who injured his bilateral knees, lumbar spine and right foot in a fall while at work on_____. He suffered a comminuted fracture of the right calcaneus which was casted and treated with six weeks of physical therapy. A functional capacity evaluation was done on 12/12/05 which placed him at a “light” physical demand level and work conditioning five days a week for four weeks was recommended. No documentation that a work conditioning program was authorized was available in the medical records provided for review. The Patient complained of ongoing back pain with right sided pain radiating into the buttock and knee, intermittent bilateral knee pain and popping and ongoing foot and ankle pain.

An MRI of the lumbar spine on 02/22/06 showed a posterior central disc bulge at L5-S1. An MRI of the right knee on 02/23/06 showed globular increased signal of the posterior horns of both the lateral and medial meniscus without evidence of a complete tear and a left knee MRI showed linear signal in the posterior horn of the medial meniscus that did not extend through the articular surfaces. X-rays of the lumbar spine showed osteophytic change affecting the mid portion of the lumbar spine and X-rays of the right ankle showed a mostly healed, minimally displaced calcaneal fracture with early subtalar post-traumatic arthritis.

Orthopedic examination by Dr. Berliner on 03/02/06 found lumbosacral tenderness and spasm as well as decreased range of motion. The bilateral knees were painful at the medial joint lines with increased pain on medial Appley grind tests. Range of motion was from zero to 120 degrees bilaterally. Quadriceps strength was 4/5 on the right limited by pain. Oral anti-inflammatory medication was prescribed and The Patient was referred for a pain management consultation for his lumbar complaints. Dr. Berliner noted that diagnostic arthroscopy was necessary for the bilateral knees for complaints of pain and popping from medial meniscus tears. A Designated Doctor Evaluation was done by Family Practitioner Dr. Guerrero on 04/06/06, who noted tenderness and decreased range of motion at the bilateral knees. McMurray’s Appley’s compression testing were positive in the right knee upon examination.

DISPUTED SERVICE(S)

Under dispute is the prospective, and/or concurrent medical necessity of right knee arthroscopy.

DETERMINATION/DECISION

The Reviewer disagrees with the determination of the insurance company.

RATIONALE/BASIS FOR THE DECISION

The Reviewer would recommend approval of the right knee arthroscopy as being medically necessary. The MRI shows tears of the medial and lateral meniscus of the right knee.

The Patient has increased signal density, he has positive Apley's grind test and medial joint line tenderness and this has been consistent throughout his examinations. He has failed to improve with conservative treatment and based on the MRI findings, the physical findings and his failure to improve with conservative treatment, therefore, The Reviewer's medical assessment is that the right knee arthroscopy is medically necessary.

Screening Criteria

1. Specific:

- Orthopaedic Sports Medicine Principles and Practice, 2nd Edition, Volume 2. DeLee, Drez & Miller, Chapter 28: Knee, pp. 1829-1830.
- Official Disability Guidelines: ODG Treatment in Workers' Comp 2006. Fourth Edition. Procedure Summary – Knee.

2. General:

In making his determination, the Reviewer had reviewed medically acceptable screening criteria relevant to the case, which may include but is not limited to any of the following: Evidence Based Medicine Guidelines (Helsinki, Finland); Texas Medical Foundation: Screening Criteria Manual (Austin, Texas); Texas Chiropractic Association: Texas Guidelines to Quality Assurance (Austin Texas); Texas Medical Foundation: Screening Criteria Manual (Austin, Texas); Mercy Center Guidelines of Quality Assurance; any and all guidelines issued by DWC or other State of Texas Agencies; standards contained in Medicare Coverage Database; ACOEM Guidelines; peer-reviewed literature and scientific studies that meet nationally recognized standards; standard references compendia; and findings; studies conducted under the auspices of federal government agencies and research institutes; the findings of any national board recognized by the National Institutes of Health; peer reviewed abstracts submitted for presentation at major medical associates meetings; any other recognized authorities and systems of evaluation that are relevant.

CERTIFICATION BY OFFICER

IRO America has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. IRO America has made no determinations regarding benefits available under the injured employee's policy.

As an officer of IRO America Inc., I certify that there is no known conflict between the Reviewer, IRO America and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

IRO America is forwarding by mail or facsimile, a copy of this finding to the DWC, the Injured Employee, the Respondent, the Requestor, and the Treating Doctor.

Sincerely,
IRO America Inc.

Dr. Roger Glenn Brown
President & Chief Resolutions Officer

Cc: _____

Kenneth Berliner
Attn: Brenda Gonzales
Fax: 281-875-3285

Zurich Holding Co. of America
Attn: Katie Foster
Fax: 512-867-1733

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.

The party appealing this decision shall deliver a copy of its written request for a hearing to other party involved in this dispute.

I hereby certify, in accordance with DWC Rule 102.4 (h), that a copy of this Independent Review Organization decision was sent to the carrier, requestor, claimant (and/or the claimant's representative) and the DWC via facsimile, U.S. Postal Service or both on this 20th day of June, 2006.

Name and Signature of IRO America Representative:

Sincerely,
IRO America Inc.

Dr. Roger Glenn Brown
President & Chief Resolutions Officer