

NOTICE OF INDEPENDENT REVIEW DECISION

Bridgepoint I, Suite 300
5918 West Courtyard Drive • Austin, TX 78730-5036
Phone 512-329-6610 • Fax 512-327-7159 • www.tmf.org

July 20, 2006

Requestor

Kenneth G. Berliner, MD
ATTN: Brenda Gonzalez
15769 North Freeway
Houston, TX 77072-3008

Respondent

Bankers Standard Ins. c/o SRS
ATTN: Javier Gonzalez
Fax#: (512) 394-1412

RE: Claim #: _____
Injured Worker: _____
MDR Tracking #: M2-06-1549-01
IRO Certificate #: IRO4326

TMF Health Quality Institute (TMF) has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Division of Workers' Compensation (DWC) has assigned the above referenced case to TMF for independent review in accordance with DWC Rule §133.308 which allows for medical dispute resolution by an IRO.

TMF has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, 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 was reviewed.

The independent review was performed by a TMF physician reviewer who is board certified in Orthopedic Surgery, by the American Board of Orthopaedic Surgery Inc., licensed by the Texas State Board of Medical Examiners (TSBME) in 1979, and who provides health care to injured workers. This is the same specialty as the treating physician. The TMF physician reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and 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 IRO. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This patient sustained a work related injury on ___ when she slipped on a freshly mopped floor, causing the right knee to hit the molding between the carpet and tile doorway as well as causing her right elbow and shoulder to hit the side of the doorway. An MRI of the right shoulder revealed a tear of the supraspinatus tendon and an MRI of the right elbow revealed effusion in the right elbow joint. An MRI of the knee performed on 03/06/03 revealed an encapsulated high signal fluid retained cystic mass lesion in the subcutaneous tissue of the anteromedial aspect of the knee. The patient has undergone chiropractic care, work hardening, and surgery.

Requested Service(s)

Right knee/tibia excisional biopsy cyst (27618)

Decision

It is determined that the right knee/tibia excisional biopsy cyst (27618) is not medically indicated.

Rationale/Basis for Decision

Based on the medical record documentation provided at this time, there is an obvious contradiction regarding the physical findings in the knee. A repeat ultrasound or MRI would be necessary in order to determine if a surgical lesion (cyst or hematoma) is still present or resolved. If imaging confirms the presence of a residual cyst or hematoma, it would require surgical removal.

This decision by the IRO is deemed to be a DWC decision and order.

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.

This decision is deemed received by you 5 (five) days after it was mailed or the date of fax (28 Tex. Admin. Code 102.5(d)). A request for hearing and a **copy of this decision** must be sent to: Chief Clerk of Proceedings/Appeals Clerk, Texas Department of Insurance, Division of Workers' Compensation, P.O. Box 17787, Austin, Texas, 78744, Fax: 512-804-4011.

M2-06-1549-01
Page 3

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

Sincerely,

Gordon B. Strom, Jr., MD
Director of Medical Assessment

GBS:dm
Attachment

cc: _____, Injured Worker
_____ Program Administrator, Medical Review Division, DWC

In accordance with Division Rule 102.4 (h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on this 20th day of July 2006.

Signature of IRO Employee:

Printed Name of IRO Employee:

Information Submitted to TMF for Review

Patient Name: ____

Tracking #: M2-06-1549-01

Information Submitted by Requestor:

- Functional Capacity Evaluations
- Results of the ultrasound of the right knee
- Results of x-rays of the right knee
- Results of the x-ray of the right shoulder
- Decision letters
- Results of MRI of the right elbow
- Results of MRI of the right shoulder
- Results of MRI of the right knee
- Letters of medical necessity for diagnostic arthroscopy
- Table of disputed services
- Orthopedic Reports
- PEER Review from Dr. Bloom
- Chiropractic progress notes
- Worker's compensation initial evaluation reports
- Follow-Up Evaluations
- History and Physical by Dr. Jarolimek
- Designated doctor evaluations
- Office notes from Dr. Jarolimek
- Work Hardening assessment psychosocial history
- Follow-Up Medical Reports from Downtown Performance Rehabilitation Inc.
- Notes from Healthsouth Evaluation Centers
- Claims
- Daily Treatment notes from Downtown Performance Rehabilitation Inc.
- Prescriptions
- Operative Reports
- Review Notices
- Acknowledgement of Reconsideration Request
- Office notes from Dr. Osborne
- Work Hardening progress notes
- Psychiatric Evaluations
- Request for Chronic Pain Program
- Progress notes from St. John Behavioral Institute
- Orthopedic Consultation
- Request for Reconsideration from Dr. Menard

Information Submitted by Respondent:

None