



PROFESSIONAL ASSOCIATES

NOTICE OF INDEPENDENT REVIEW

NAME OF PATIENT: _____
IRO CASE NUMBER: M2-06-1668-01
NAME OF REQUESTOR: RS Medical
NAME OF PROVIDER: Carlos Viesca, M.D.
REVIEWED BY: Board Certified in Orthopedic Surgery
IRO CERTIFICATION NO: IRO 5288
DATE OF REPORT: 08/10/06

Dear RS Medical:

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 Board Certified in the area of Orthopedic Surgery 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

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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 Keith R. Johnson, M.D. dated 01/03/04, 09/17/04, 10/04/04, 11/03/04, 11/17/04, 11/29/04, 12/06/04, 01/26/05, 02/21/05, 03/14/05, 04/28/05, 06/06/05, 07/06/05, 07/20/05, 08/03/05, 08/30/05, 10/10/05, 10/17/05, 10/24/05, 11/28/05, 01/09/06, 01/20/06, 02/20/06, and 04/21/06

Evaluations with Thomas E. Alost, Jr., M.D. dated 01/28/04, 02/04/04, 08/04/04, 08/18/04, 09/07/04, and 09/10/04

TWCC-73 forms from Dr. Alost dated 01/28/04, 02/04/04, 05/05/04, 05/13/04, 06/15/04, 08/04/04, 08/18/04, 09/04/07, and 09/10/04

Evaluations with Michelle Gonzalez, P.T. dated 02/09/04, 01/28/05, and 05/18/05

An operative report from Dr. Alost dated 06/10/04

Physical therapy with Ms. Gonzalez dated 07/14/04, 07/20/04, 07/21/04, 07/22/04, 07/26/04, 07/27/04, 07/28/04, 01/28/05, 01/31/05, 02/02/05, 02/04/05, 02/07/05, 02/09/05, 02/11/05, 02/14/05, 02/15/05, 02/18/05, 02/22/05, 02/24/05, 02/25/05, 02/28/05, 03/02/05, 03/04/05, 03/07/05, 03/16/05, 03/17/05, 03/18/05, 03/21/05, 03/22/05, 03/23/05, 03/25/05, 03/28/05, 03/30/05, 04/01/05, 04/06/05, 04/07/05, 04/08/05, 04/13/05, 04/14/05, 04/15/05, 04/18/05, 04/19/05, 05/18/05, 05/19/05, 05/20/05, 05/23/05, 05/25/05, 05/27/05, 05/31/05, 06/02/05, 06/03/05, 06/07/05, 06/08/05, 06/10/05, 06/14/05, 06/15/05, 06/17/05, 06/20/05, 06/22/05, 06/24/05, 06/28/05, 06/29/05, 07/01/05, 07/05/05, 07/21/05, 07/22/05, 07/25/05, 07/27/05, 07/29/05, 08/01/05, 08/02/05, 08/31/05, 09/01/05, 09/02/05, 09/06/05, 09/07/05, 09/09/05, 09/12/05, 09/13/05, 09/15/05, 09/20/05, 09/23/05, 09/26/05, 09/28/05, 09/30/05, 10/03/05, and 10/05/05

An MRI of the left knee interpreted by Hugo E. Isuani, M.D. dated 09/03/04

TWCC-73 forms from Dr. Johnson dated 09/17/04, 10/04/04, 11/03/04, 11/17/04, 11/25/04, 12/06/04, 01/03/05, 01/21/05, 01/26/05, 02/21/05, 03/14/05, 04/11/05, and 10/10/05

A Functional Capacity Evaluation (FCE) with Lee Ann Zeller, P.T. dated 10/13/04

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Medication prescriptions from Dr. Johnson dated 01/07/05, 01/18/05, 01/31/05, 02/09/05, 02/18/05, 03/01/05, 03/07/05, 03/14/05, 03/25/05, 04/06/05, 04/15/05, 04/25/05, 04/29/05, 05/04/05, 05/09/05, 05/12/05, 05/16/05, 05/24/05, 05/26/05, 06/06/05, 06/16/05, 06/27/05, 07/07/05, 07/15/05, 07/20/05, 08/02/05, and 08/03/05

A procedure note from Dr. Johnson dated 01/18/05

A physician's order from Dr. Johnson dated 01/22/05

Physical therapy progress reports from Laurie J. Kertz, M.P.T. and Ms. Gonzalez dated 02/16/05, 04/08/05, and 06/03/05

An evaluation with Alvaro A. Hernandez, M.D. dated 03/01/05

A TWCC-73 form from Dr. Hernandez dated 03/01/05

An operative report from Dr. Johnson dated 04/21/05

A pathology report interpreted by Glen Friedman, M.D. dated 04/21/05

A physical therapy evaluation with an unknown therapist (the signature was illegible) dated 04/28/05

Physical therapy progress notes from the same unknown therapist dated 04/29/05, 04/30/05, 05/02/05, 05/03/05, 05/04/05, 05/06/05, 05/09/05, 05/11/05, 05/13/05, and 05/17/05

A certificate of medical necessity from Dr. Johnson dated 08/16/05

A letter of approval from UniMed Direct, L.L.C. dated 08/24/05

Designated Doctor Evaluations with Gerald A. Halaby, M.D. dated 10/04/05 and 01/31/06

A ceretec WBC scan interpreted by Thomas D. Spera, M.D. dated 10/20/05

An evaluation with Jose A. Alicea, M.D. dated 10/28/05

DWC-73 forms with Dr. Alicea dated 10/28/05, 11/28/05, 01/09/06, and 02/20/06

An evaluation with Luis H. Urrea, II, M.D. dated 10/31/05

A DWC-73 form from Dr. Urrea dated 10/31/05

X-rays of the left knee interpreted by Douglas Woo, M.D. dated 11/17/05

An evaluation with Carlos Viesca, M.D., Ron Ziegler, Ph.D., and Dan Bodin, M.D. dated 12/15/05

Physical Performance Evaluations (PPEs) with Patricia Ellison, O.T.R. dated 12/15/05, 01/24/06,

A letter of partial approval from UniMed Direct dated 01/10/06

Individual and group therapy with Norma O. Rosado, Med., L.P.C.-I. dated 01/16/06, 01/17/06, 01/19/06, and 01/23/06,

Occupational therapy with Ms. Ellison dated 01/16/06, 01/17/06, 01/18/06, 01/19/06, 01/20/06, 01/23/06, 01/25/06, 01/26/06, 01/27/06, and 01/30/06

A notice of disputed issue(s) and refusal to pay benefits letter from Royal & Sunalliance dated 01/17/06

Biofeedback with Ms. Rosado dated 01/17/06, 01/25/06, and 01/30/06

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Group therapy with Dr. Ziegler and an unknown therapist (the signature was illegible) dated 01/17/06, 01/18/06, 01/19/06, 01/20/06, 01/23/06, 01/25/06, 01/26/06, 01/27/06, and 01/30/06

Acupuncture with an unknown provider (the signature was illegible) dated 01/17/06 and 01/19/06

Nutrition group process notes with an unknown dietician (the signature was illegible) dated 01/17/06 and 01/26/06

A progress report from Dr. Viesca, Ms. Rosado, and Ms. Ellison dated 01/18/06

Vocational progress notes from an unknown therapist (signature was illegible) dated 01/18/06

Massage therapy with Ivone Aguirre, R.M.T. dated 01/19/06, 01/27/06, and 01/30/06

Aquatic therapy with Ms. Ellison dated 01/20/06 and 01/30/06

A prescription for a PPE from Dr. Johnson dated 02/24/06

Evaluations with Dr. Viesca dated 03/08/06, 05/03/06, and 06/21/06

Prescriptions from Dr. Viesca dated 03/08/06 and 04/19/06

RS Medical stimulator usage dated 03/10/06, 03/12/06, 03/13/06, 03/15/06, 03/20/06, 03/21/06, 03/22/06, 03/23/06, 03/24/06, 03/25/06, 03/27/06, 03/31/06, 04/01/06, 04/03/06, 04/05/06, 04/06/06, 04/07/06, 04/08/06, 04/09/06, 04/10/06, 04/12/06, 04/13/06, 04/14/06, 04/17/06, 04/19/06, 04/20/06, 04/22/06, 04/25/06, 04/26/06, 04/27/06, 04/28/06, 04/30/06, 05/01/06, 05/02/06, 05/03/06, 05/04/06, 05/05/06, 05/06/06, 05/08/06, 05/09/06, 05/10/06, 05/11/06, 05/15/06, 05/16/06, 05/17/06, and 05/18/06

A letter written by Dr. Viesca dated 04/17/06

Clinical History Summarized:

On 01/03/04, Dr. Johnson recommended knee surgery and an unloader brace. On 01/28/04, Dr. Alost performed knee aspiration and an injection. Dr. Alost performed left knee surgery on 06/10/04. Physical therapy was performed with Ms. Gonzalez from 07/14/04 through 10/05/05 for a total of 87 sessions. On 08/04/04, Dr. Alost performed another knee aspiration and injection. An MRI of the left knee interpreted by Dr. Isuani on 09/03/04 revealed a large joint effusion with suprapatellar bursa, narrowing of the medial joint compartment, surgical changes, and patellar tendonitis. On 09/17/04, Dr. Johnson performed a knee aspiration and injection. An FCE with Ms. Zeller on 10/12/04 revealed the patient gave an inconsistent performance and possible work conditioning was recommended. On 11/03/04, Dr. Johnson recommended a series of Synvisc injections. Synvisc injections were performed with Dr. Johnson on 11/17/04, 11/29/04, and 12/06/04. Left knee surgery was performed by Dr. Johnson on 01/18/05 and 04/21/05. On 01/26/05, Dr. Johnson aspirated fluid from the knee. On 03/01/05, Dr. Hernandez recommended a total knee replacement. On 07/06/05, Dr. Johnson excised a portion of the knee

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scar and sutured it. On 08/03/05, Dr. Johnson recommended possible scar revision, Capsaicin cream, and a TENS unit. On 08/30/05, Dr. Johnson provided the patient with a neoprene knee sleeve. On 10/04/05, Dr. Halaby felt the patient was not at Maximum Medical Improvement (MMI). A Ceretec WBC scan interpreted by Dr. Spera on 10/20/05 revealed mild diffuse increased pulmonary uptake. On 10/28/05, Dr. Alicea recommended a possible pain management program. X-rays of the left knee interpreted by Dr. Woo on 11/17/05 revealed good positioning of the left knee prosthesis. On 12/15/05, Dr. Viesca, Dr. Ziegler, and Dr. Bodin recommended a pain management program. On 01/10/06, UniMed wrote a letter of approval for 10 pain management sessions. The pain management program was performed from 01/16/06 through 01/30/06 with various providers. On 03/08/06, Dr. Viesca recommended Cymbalta, an RS-4i muscle stimulator unit, and a possible saphenous nerve block. The patient used the RS medical stimulator unit from 03/10/06 through 05/18/06 for a total of 46 days. On 04/19/06, Dr. Viesca recommended indefinite use of the stimulator unit. On 05/03/06, Dr. Viesca performed a left saphenous nerve block.

Disputed Services:

Purchase of an RS4i muscle stimulator

Decision:

I disagree with the requestor. The purchase of an RS4i muscle stimulator would be neither reasonable nor necessary.

Rationale/Basis for Decision:

The purchase of a muscle stimulator would be neither reasonable nor necessary for the patient's current condition. The patient has undergone a total knee arthroplasty and has undergone extensive physical therapy and rehabilitation. A muscle stimulator will not change her current condition. There was no scientific evidence that it would be useful in the post arthroplasty situation. Therefore, I do not believe it would be reasonable or necessary as related to the original injury.

There was one paper in the medical literature by J.A. Glacier et. al. in The Journal of Pain that was published in 2001. This stated the effects of an inferential stimulator are time limited; that is they cease being effective after a short time. This individual has a chronic pain syndrome that

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will unlikely be altered by the use of the inferential stimulator. There was no medical or scientific justification for its use. Therefore, the purchase would be neither reasonable, nor necessary as related to the original injury.

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.

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.

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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 08/10/06 from the office of Professional Associates.

Sincerely,

Lisa Christian
Secretary/General Counsel