



September 25, 2006

Re: MDR #: M2 06 1903 01 Injured Employee: ___
DWC #: ___ DOI: ___
IRO Cert. #: 5340 SS#: ___

TRANSMITTED VIA FAX TO:

TDI, Division of Workers' Compensation

Attention: ___

Medical Dispute Resolution

Fax: (512) 804-4868

RESPONDENT: Insurance Company of PA.

REQUESTOR: Pinnacle Pain Management

TREATING DOCTOR: David Durkop, DC

In accordance with the requirement for DWC to randomly assign cases to IROs, DWC assigned this case to ZRC Medical Resolutions for an independent review. ZRC has performed an independent review of the medical records to determine medical necessity. In performing this review, ZRC reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

I am the president of ZRC Medical Resolutions, Inc. and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him 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 Independent Review Organization. Information and medical records pertinent to this medical dispute were requested from the Requestor and every named provider of care, as well as from the Respondent. The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician who is a board certified in physical medicine and rehabilitation and is currently listed on the DWC Approved Doctor List.

P.O. Box 855
Sulphur Springs, TX 75483
903.488.2329 * 903.642.0064 (fax)

We are simultaneously forwarding copies of this report to the payor and the TDI, Division of Workers' Compensation. This decision by ZRC Medical Resolutions, Inc. 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.

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 September 25, 2006.

Sincerely,

Handwritten initials "JC" in a stylized, cursive font.

Jeff Cunningham, DC
President



**REVIEWER'S REPORT
M2 06 1903 01**

MEDICAL INFORMATION REVIEWED:

1. Reports from Dr. Hunter, chiropractor
2. MRI scan report, left knee, 12/06/05
3. Operative report, Dr. Reuben, 02/21/06
4. Notes from Dr. Perves, Pain Management
5. Report from Dr. Durkop, 04/03/06
6. Independent Medical Evaluation, Dr. Medley, orthopedist, 08/15/06
7. Postoperative followup reports from Dr. Reuben

BRIEF CLINICAL HISTORY:

The injured employee is a 35-year-old male who, on ____, had a contusion to his right knee, ultimately determined to be a medial and lateral meniscal tear with partial anterior cruciate ligament tear. He failed conservative strategies and ultimately underwent surgery. Dr. Reuben indicated on 05/10/06 that he had a "good result from surgery."

DISPUTED SERVICES:

Ten sessions of chronic pain management.

DECISION:

I AGREE WITH THE DETERMINATION MADE BY INSURANCE CARRIER IN THIS CASE.

RATIONALE OR BASIS FOR DECISION:

This was a young man who has had surgery on his left knee, which by way of the surgeon, appears to have gone quite well. Pursuant to the independent medical evaluation of Dr. Medley, on 04/15/06, there was not felt to be the need for any additional medical management. He was determined to be at maximum medical improvement on 04/03/06 with a 7% whole person impairment rating. There was reference made to his having some depression and difficulty dealing with the pain in his knee postsurgically. It is my believe this does not satisfy any criteria for admission to a chronic pain program. Specifically, the chronic pain management program encompasses physical therapy, which at this point in time does not appear he requires based upon the independent medical evaluation of Dr. Medley. While he may benefit from some short-term counseling to assist him with pain management strategies, a comprehensive multidisciplinary pain management program proposed, in my opinion, is not supported.

SCREENING CRITERIA/TREATMENT GUIDELINES/PUBLICATIONS UTILIZED:

Based on my experience, individuals who had postoperative knee pain such as this injured worker, when they obtained maximum medical improvement and are still having pain, benefit from home exercise, medications, and modified behavioral activities vocationally and avocationally. There are a few who require short-term counseling to deal with their pain if it is intractable and severe. A multidisciplinary program, in my opinion, is not warranted.

DISCLAIMER/CONFLICT OF INTEREST:

The opinions rendered in this case are the opinions of the evaluator. This medical evaluation has been conducted on the basis of the documentation provided to me with the assumption that the material is true, complete and correct. If more information becomes available at a later date, then additional service, reports, or consideration may be requested. Such information may or may not change the opinions rendered in this evaluation. My opinion is based on the clinical assessment from the documentation provided.