



## **IMED, INC.**

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### **NOTICE OF INDEPENDENT REVIEW**

**NAME OF EMPLOYEE:**  
**IRO TRACKING NUMBER:** M2-06-1939-01  
**NAME OF REQUESTOR:** Kenneth Berliner, M.D.  
**NAME OF CARRIER:** Ace American Insurance  
**DATE OF REPORT:** 10/11/06  
**IRO CERTIFICATE NUMBER:** 5320

#### **TRANSMITTED VIA FAX:**

IMED, Inc. has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO).

In accordance with the requirement for TDI to randomly assign cases to IROs, TDI has assigned your case to IMED, Inc. for an independent review. The peer reviewer selected has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, the peer reviewer 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.

The independent review was performed by a matched peer with the treating physician. This case was reviewed by a D.O. 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 IMED, 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 provider, the injured employee, 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. I further certify that no conflicts of interest of any nature exist between any of the aforementioned parties and any director, officer, or employee of IMED, Inc.

#### **REVIEWER REPORT**

I have reviewed the records forwarded on the above injured worker and have answered the questions submitted.

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**Information Provided for Review:**

- 06/23/05 – Pain & Recovery Clinics of North Houston, 3 pages.
- 07/01/05 – Pain & Recovery Clinics of Houston – East , 4 pages.
- 07/19/05 – East Side Imaging, right shoulder MRI , 2 pages.
- 07/19/05 – East Side Imaging, MRI right knee, 2 pages.
- 07/19/05 – East Side Imaging, Lumbar MRI.
- 07/19/05 – East Side Imaging, X-ray left shoulder.
- 07/21/05 – Pain & Recovery Clinics of Houston – East, 3 pages.
- 08/01/05 – Lone Star Orthopedics, 3 pages.
- 08/29/05 – Lone Star Orthopedics, 2 pages.
- 09/30/05 – Lone Star Orthopedics, 2 pages.
- 10/12/05 – Lone Star Orthopedics, 2 pages.
- 10/25/05 – Opus Medical Management, LLP, 1 page.
- 11/03/05 – Lone Star Orthopedics, 3 pages.
- 11/09/05 – Memorial MRI & Diagnostics, right shoulder arthrogram, 1 page.
- 11/18/05 – Lone Star Orthopedics, 2 pages.
- 11/22/05 – Shorman Solutions RME 2 pages
- 11/22/05 – Ahmed Khalifa M.D., 3 pages.
- 11/30/05 – Operative report, 2 pages.
- 12/15/05 – Lone Star Orthopedics, 1 page.
- 12/26/05 – Memorial MRI & Diagnostics, right knee arthrogram, 1 page.
- 01/02/06 – Lone Star Orthopedics, 3 pages.
- 02/01/06 – Operative report, 2 pages.
- 02/13/06 – Lone Star Orthopedics, 2 pages.
- 02/27/06 – Lone Star Orthopedics, 3 pages.
- 03/22/06 – Operative report, 2 pages.
- 03/22/06 – Radiology report, 2 pages.
- 03/30/06 – Lone Star Orthopedics, 2 pages.
- 05/25/06 – Lone Star Orthopedics, 2 pages.
- 06/08/06 – Lone Star Orthopedics, 2 pages.
- 06/27/06 – Lone Star Orthopedics, 1 page.
- 07/05/06 – Preauth denial, 2 pages.
- 08/02/06 – Operative report, 2 pages.
- 08/11/06 – Preauth denial, 2 pages.
- 08/30/06 – Medical dispute, 2 pages.

**Clinical History Summarized:**

06/23/05 – The employee presented to Dean McMillan, M.D. The history of injury indicated the employee injured his low back, right knee, and right shoulder in a work related injury on \_\_\_\_\_. The injured employee stated he was going up the stairs when he slipped on oil and fell to his right side. The employee's treatment was physical therapy consisting of passive modalities including cryotherapy, hot packs, electrical muscular stimulation, and ultrasound. The employee was to repeat therapy daily for one week, then three times a week thereafter. Motrin, Darvocet, and Flexeril were prescribed.

07/01/05 – Initial medical report from Nadia Ramsey, D.C. Dr. Ramsey's treatment plan was progressive resistance stretching, stretching and strengthening exercises, and a referral for an MRI if the employee's symptoms persisted past four to six weeks. Dr. Ramsey was to refer the employee to Dr. McKay for medication management and treatment recommendations.

07/19/05 – MRI of the right knee. Impression was small joint effusion, and no other findings were seen. This was done by Edward Knudson, M.D.

There was another medical report dated 07/21/05 by Nadia Ramsey, D.C. The diagnosis was right shoulder sprain/strain, lumbar disc syndrome, right knee sprain and strain. It was indicated that the injured employee would be scheduled with Dr. Jarolimek for further orthopedic evaluation to his knee. He was to maintain active rehabilitation three times a week and was to follow-up with Dr. McKay as needed.

08/03/05 – Kenneth Berliner, M.D. The plan of treatment was a continuation of physical therapy, and the employee was injected with Lidocaine, Marcaine, and Kenalog.

08/29/05 – Kenneth Berliner, M.D. The employee received an intra-articular injection to his right knee.

10/26/05 – Right knee arthrogram followed by MRI. The anterior and posterior cruciate ligaments were intact, as were the medial and lateral collateral ligaments. No abnormality at the quadriceps or patellar tendons were identified.

11/22/05 – A Required Medical Evaluation by Ahmed Khalifa, M.D. Dr. Khalifa indicated the employee refused appropriate care for his injury to date. He indicated the employee could return to work in four weeks. For the right knee infrapatellar bursitis may benefit from a steroid injection. Medication reviewed, wean off the muscle relaxer Robaxin, Hydrocodone should also be weaned.

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01/02/06 – Kenneth Berliner, M.D. Dr. Berliner indicated the employee would be a candidate for a diagnostic arthroscopy of the knee. He was to continue on anti-inflammatories.

02/13/06 – Kenneth Berliner, M.D. Dr. Berliner indicated the employee remained a candidate for diagnostic arthroscopy of the right shoulder and knee and recommended a Medrol Dosepak.

06/08/06 – Kenneth Berliner, M.D. The employee was to be scheduled for a right knee arthroscopy.

**Disputed Services:**

Items in Dispute: Preauthorization denied for right knee arthroscopy.

**Decision:**

Denial upheld.

**Rationale/Basis for Decision:**

The radiographics completed at the time of the injury were normal with no indication of an acute injury. There was good range of motion, and the MRI was unremarkable. A diagnosis of sprain/strain was followed by conservative treatment. A right knee arthrogram followed by an MRI was also unremarkable with some chronic changes unrelated to the compensable injury.

There were no records available for review that indicated the medical necessity for a right knee arthroscopy. Therefore, the preauthorization denied is upheld.

The rationale for the opinion stated in this report is based on the above mentioned guidelines, record review, as well as the broadly accepted literature to include 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 IMED, Inc. is deemed to be a DWC 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 thirty (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 this dispute.

I hereby verify that a copy of this Independent Review Organization's decision was sent to the respondent, the requestor, DWC, and the injured worker via facsimile or U.S. Postal Service this 11<sup>th</sup> day of October, 2006 from the office of IMED, Inc.

Sincerely,



Charles Brawner  
Secretary/General Counsel