

INDEPENDENT REVIEW INCORPORATED

June 6, 2006

Re: MDR #: M2 06 1257 01 Injured Employee: ___
DWC #: ___ DOI: ___
IRO Cert. #: 5055 SS#: ___

TRANSMITTED VIA FAX TO:

TDI, Division of Workers' Compensation

Attention: ___

Medical Dispute Resolution

Fax: (512) 804-4868

RESPONDENT: Ace American Insurance

REQUESTOR: Advantage Healthcare Systems

TREATING DOCTOR: John Pispidikis, DC

In accordance with the requirement for DWC to randomly assign cases to IROs, DWC assigned this case to IRI for an independent review. IRI has performed an independent review of the medical records to determine medical necessity. In performing this review, IRI 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 office manager of Independent Review, 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 Doctor of Chiropractic who is currently listed on the DWC Approved Doctor List.

We are simultaneously forwarding copies of this report to the payor and the TDI, Division of Workers' Compensation. This decision by Independent Review, Inc. is deemed to be a DWC decision and order.

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

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 June 6, 2006.

Sincerely,



Jeff Cunningham, DC
Office Manager

INDEPENDENT REVIEW INCORPORATED

REVIEWER'S REPORT M2 06 1257 01

Information Provided for Review:

1. Insurance carrier's records
2. Orthopedic notes of John Drkulec, MD
3. Physical Medicine notes
4. RME Report
5. Designated Doctor Report
6. FCE

Clinical History:

This patient was injured while working in the kitchen at a . She slipped and fell on the floor of the kitchen and caused an injury to her right knee. After conservative care failed, she underwent a MRI of the right knee and was found to have a torn meniscus in the knee. Subsequently she had an arthroscopy of the right knee and was found to have chondromalacia patella, patellar tendonitis and chondromalacia of the lateral femoral condyle and lateral tibial plateau. She underwent extensive rehabilitation of the knee after the surgery. There was a RME by Dr. Charles Xeller that recommended no further physical therapy and a report from designated doctor Herbert Brannan, MD that found her to be at MMI with 4% impairment on February 6, 2006.

Disputed Services:

The carrier has denied the medical necessity of Work Hardening for 10 sessions.

Decision:

The reviewer agrees with the previous determination by the carrier.

Rationale:

The patient has returned to work and the FCE that was presented indicates that the patient can generally do her work. Of course, there are limitations to any person who has had a knee surgery, but the work hardening program is unlikely to improve the patient's ability to work in her chosen field. There is no evidence that a work hardening program would help a patient such as Ms. ___ in her pain or functional capacity. As a result, I would recommend that the patient continue to work and that the work hardening program be denied.

Screening Criteria/Literature:

The main screening criteria for a work hardening program is the FCE, but also Mercy Center guidelines along with ACEOM guides are appropriate references for this case.