

INDEPENDENT REVIEW INCORPORATED

June 19, 2006

Re: MDR #: M2 06 1362 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: TASB

TREATING DOCTOR: Patrick R.E. Davis, 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

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

reviewed by a Doctor of Chiropractic who was board certified in pain management and 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.

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 19, 2006.

Sincerely,



Jeff Cunningham, DC
Office Manager

INDEPENDENT REVIEW INCORPORATED

REVIEWER'S REPORT M2 06 1362 01

Information Provided for Review:

1. DWC Assignment
2. Carrier records

Clinical History:

Ms. ___ is a custodian in the _____ and was vacuuming some steps and twisted her left knee, causing an immediate onset of pain and swelling in the knee joint. Records from the doctor indicate that the patient also had visible swelling in the left knee. She was treated with 15 sessions of physical therapy thus far.

Disputed Services:

The carrier has denied the medical necessity of 12 physical therapy visits.

Decision:

I AGREE WITH THE DETERMINATION MADE BY THE UTILIZATION REVIEW AGENT ON THIS CASE.

Rationale:

There is no indication that this patient would benefit from 12 more visits of physical medicine at this point in time. It would be more appropriate to refer the patient to an orthopedic specialist for an advanced workup on this case, to include MRI or other appropriate diagnostic tests. This is not to say that this patient might not, at some point, benefit from therapy. Should she be found to be a surgical case it would change the outlook for her treatment protocol, but at this point the records seem to indicate that she is working and no surgical intervention has been planned.

Screening Criteria/Guidelines

TCA Guidelines, Guidelines of the Mercy Conference.