



IMED, INC.

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NOTICE OF INDEPENDENT REVIEW

NAME OF EMPLOYEE:
IRO TRACKING NUMBER: M2-06-1528-01
NAME OF REQUESTOR: Advanced Arm Dynamics
NAME OF CARRIER: Texas Builders Insurance Company
DATE OF REPORT: 07/10/06
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 an 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.

Information Provided for Review:

- Employer's First Report of Injury or Illness dated ____.
- – X-rays of the right thumb and hand.
- Consultation note from W. Alan Dulin, M.D., dated 07/08/05.
- 07/26/05 – Operative report, 2 pages.
- 08/08/05 – X-rays from Medical Center of Plano.
- 08/09/05 – Operative report Medical Center of Plano.
- 08/31/05 – Initial examination from Semyon Narosov, M.S., P.T.
- 09/01/05 – Physician report, Dallas Doctor's Professional Association.
- 09/05/05 Thru 03/24/06 - Weekly therapy summary reports from La Plaza Rehab.
- 10/05/05 – Follow-up report from Dallas Doctor's Professional Association.
- 10/26/05 – Follow-up report from Dallas Doctor's Professional Association.
- Designated Doctor Evaluation report from Steven Holtzman, M.D., dated 11/02/05.
- 11/11/05 – Follow-up report from Dallas Doctor's Professional Association.
- 01/20/06 – Physician report from Dallas Doctor's Professional Association.
- 03/03/06 – Designated Doctor Evaluation from Steven Holtzman, M.D.
- 03/20/06 – Peer review from Casey Cochran, D.O.
- Preauthorization denial dated 05/12/06 from Corvel.

Clinical History Summarized:

The claimant, ____, was injured on ____ while employed as a landscape maintenance worker for ____ . The claimant was operating a lawnmower that became entangled in a cord. While attempting to remove the cord from the lawnmower blade, the claimant sustained a laceration to the right index finger.

The claimant went to an urgent care center in Fort Worth where small lacerations on the other fingers were closed.

The claimant was referred to W. Alan Dulin for a consultation. Dr. Dulin saw the claimant on 07/08/05 and reported intact sensation, a transverse fracture of the right index middle phalanx, and a loss of extension in the middle phalanx of the right index finger.

Dr. Dulin took the claimant to surgery at Medical Center of Plano on 07/26/05 for repair of the nail bed of the right thumb, repair of the right index extensor tendon laceration, open reduction/internal fixation of the middle phalanx fracture, and repair of the right index A-4 pulley with local tissue.

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The wound became infected, and Dr. Dulin took the claimant back to surgery on 08/09/05 for debridement of the middle phalanx bone for osteomyelitis. The claimant ultimately had an amputation at the proximal interphalangeal joint.

The claimant participated in extensive physical therapy with Semyon Narosov, M.S.P.T., to treat the range of motion of the right hand.

Dr. Jerry Franz, a physician at Dallas Doctors Professional Association, examined the claimant on 09/01/05. Dr. Franz referred the claimant to Dr. Byrne for consideration of additional surgery.

Dr. Steven Holtzman performed a Designated Doctor Evaluation on 11/02/05 and found the claimant to not be at Maximum Medical Improvement (MMI) because of the need for additional surgery.

Dr. Byrne injected the painful distal tip of the amputation on . The treatment worked for a short time. However, because of continued pain, Dr. Byrne took the claimant to surgery on 11/29/05 for excision of a neuroma of the digital nerve on the radial and ulnar side of the right index finger and additional digital nerve surgery.

On 01/13/06, Dr. Byrne reported that the tip of the index finger felt numb but was otherwise not painful. Dr. Byrne thought the claimant might attempt to return to work.

Dr. Holtzman performed an additional Designated Doctor Evaluation on 03/03/06 and found the claimant to be at MMI on that date with an impairment of 16%. This was comprised of loss of range of motion of the MP joint of the right index finger and the amputation.

Dr. Thomas Martens, a physician at Dallas Doctors Professional Association, referred the claimant to Advanced Arm Dynamics on 03/10/06. The request had been made for a body powered prosthesis and custom silicone restorative passive prosthesis.

Disputed Services:

Items in Dispute: Preauthorization denied: Body powered prosthesis and custom silicone restorative passive prosthesis.

Decision:

Preauthorization denial upheld.

Rationale/Basis for Decision:

According to the physical therapy notes, the claimant has very good function of his right hand and arm. The prosthesis that has been requested is apparently a combination of a body powered prosthesis with a cosmetic prosthesis for the distal part of the index finger that has been amputated. Based upon many years of experience in treating extremity injuries, it is my opinion that there are absolutely no indications for this prosthesis. It appears to be solving a problem that does not exist. While the claimant might gain a certain cosmetic appearance, the difficulties associated with this prosthesis would far outweigh any possible benefit.

The website of Advanced Arm Dynamics described a body powered prosthesis as a conventional prosthesis that is controlled by gross body movements, and described a cosmetic restoration and the passive prosthesis because the prosthetic body part is nonfunctional. The body powered portion of this request appears to try to solve this problem. In my opinion, there are far more complications that would ensue than benefits to this claimant, and the recommended prosthesis is not a medical necessity.

Therefore, after a comprehensive review of all medical records on this claimant, it is my opinion that the requested prosthesis is not indicated and should be denied.

The rationale for the opinion stated in this report is based on the record review, years of experience, 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

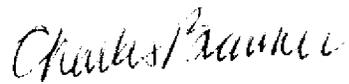
If you are unhappy with all or part of this decision, you have the right to appeal the decision. The decision of the Independent Review Organization is binding during the appeal process.

If you are disputing the decision, 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.

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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 injured worker via facsimile or U.S. Postal Service this 13th day of July, 2006 from the office of IMED, Inc.

Sincerely,

A handwritten signature in cursive script that reads "Charles Brawner".

Charles Brawner
Secretary/General Counsel