



January 2, 2007

Re: MDR #: M2 07 0495 01 Injured Employee: ___
DWC #: ___ DOI: ___
IRO Cert. #: 5340

TRANSMITTED VIA FAX TO:

TDI, Division of Workers' Compensation
Medical Dispute Resolution
Fax: (512) 804-4868

RESPONDENT: Dallas National Insurance

TREATING DOCTOR: Dean R. McMillan, MD

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 neurology and is currently listed on the DWC Approved Doctor List.

We are simultaneously forwarding copies of this report to all parties to the dispute 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 January 2, 2007.

Sincerely,

Jeff Cunningham, DC
President



**REVIEWER'S REPORT
M2 07 0495 01**

A. MEDICAL INFORMATION REVIEWED:

Two insurance company rejection letters, two pain management evaluation letters by psychologist and pain management physician

B. BRIEF CLINICAL HISTORY:

57 year female injured at work _____ when she tripped over a pole and fell onto both knees. She underwent subsequent arthroscopies of both knees, with meniscal tears diagnosed and repaired, and chondroplasties on the right. She has since experienced limitation of motion, pain, and secondary depression from the reduction in activities and the pain. She has undergone physical therapy, work hardening, psychotherapy, and pharmacotherapy (with Zolof) with some benefit. She wishes to wean herself off pain medication, be able to be more mobile, and return to work. Two prior requests for chronic pain management sessions this fall were denied for lack of medical documentation from the provider.

C. DISPUTED SERVICES:

20 chronic pain management sessions

D. DECISION:

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

E. RATIONALE OR BASIS FOR DECISION:

The patient had been working as a laborer, where physical activity and strength are the cornerstones of both work and productivity. Since both were affected by the knee injuries and have not responded fully to the surgeries and subsequent therapies, she finds herself in a difficult position with regard to work and financial support. The fact that she wishes to return to a productive work environment (as stated in the psychotherapeutic evaluation of 9/5/06 page 3) is a very positive setting in which to undertake a psychotherapeutic and multi-dimensional approach to chronic pain management.

While the insurer may not have had the comprehensive evaluation and plans for therapy of 9/5/06 and 9/6/06 in hand when they denied coverage, the information contained therein provides support for a multi-disciplinary approach for a patient with average

intelligence, chronic pain, limitation of activities of daily living and work, and high motivation to improve.

I would also suggest follow-up evaluation by an orthopedic surgeon specializing in knee surgery with repeat MRIs if they have not been done in the past 6-9 months to determine the current steady-state of both knees. It is critical to determine if there is any remaining physical reason for the persistence of pain.

F. SCREENING CRITERIA/TREATMENT GUIDELINES/PUBLICATIONS UTILIZED:

Merskey H: Holzman AD, Turk DC, eds. Pain Management: A Handbook of Psychological Treatment Approaches. New York, NY: Pergamon Press; 1986.
Turk DC, Melzack R, eds: Handbook of Pain Assessment. New York, NY: Guilford Press; 1992.