

November 15, 2006

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VIA FACSIMILE
Travelers Indemnity Company
Attention: Jeanne Schafer

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M2-07-0272-01
DWC #: _____
Injured Employee: _____
Requestor: _____
Respondent: Travelers Indemnity Company
MAXIMUS Case #: TW06-0156

MAXIMUS has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The MAXIMUS IRO Certificate Number is 5348. The TDI, Division of Workers Compensation (DWC) has assigned this case to MAXIMUS in accordance with Rule §133.308, which allows for a dispute resolution by an IRO.

MAXIMUS has performed an independent review of the proposed care to determine whether or not the adverse determination was appropriate. Relevant medical records, documentation provided by the parties referenced above and other documentation and written information submitted regarding this appeal was reviewed during the performance of this independent review.

This case was reviewed by a practicing chiropractor on the MAXIMUS external review panel who is familiar with the condition and treatment options at issue in this appeal. This case was also reviewed by a practicing chiropractor on the MAXIMUS external review panel who is familiar with the condition and treatment options at issue in this appeal. The reviewer has met the requirements for the approved doctor list (ADL) of DWC or have been approved as an exception to the ADL requirement. A certification was signed that the reviewing chiropractic provider has no known conflicts of interest between that provider 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 IRO, was signed. In addition, the MAXIMUS chiropractic reviewer certified that the review was performed without bias for or against any party in this case.

Clinical History

This case concerns an adult male who sustained a work related injury on _____. The case file records indicate that while pulling a book cart he twisted his left knee. Diagnoses have included left knee medial meniscal tear, left knee chondral fracture of the femoral trochlea, and left knee chondral fracture of the medial femoral condyle and medial tibial plateau. Treatment for this injury has included surgery and postoperative physical therapy.

Requested Services

Preauthorization for work hardening 5X4.

Documents and/or information used by the reviewer to reach a decision:

Documents Submitted by Requestor:

1. Correspondence from Whighams Chiropractic Center – 9/11/06-11/2/06
2. Travelers Correspondence – 9/21/06
3. Lubor Jarolimek, MD Records and Correspondence – 4/27/06-9/20/06
4. Northwest Surgery Center Records – 6/5/05
5. Letter from ____ - 6/22/06
6. Diagnostic MRI Records – 4/11/06
7. Richmond Bone Clinic Records – 9/27/06-10/19/06
8. InterAction Imaging Records – 10/17/06

Documents Submitted by Respondent:

1. Carrier's Position Statement – 10/12/06
2. Travelers Insurance Correspondence – 10/10/06, 10/18/06
3. Travelers Invoice EOR Summary – 1/29/05-4/12/05

Decision

The Carrier's denial of authorization for the requested services is upheld.

Standard of Review

This MAXIMUS determination is based upon generally accepted standard and medical literature regarding the condition and services/supplies in the appeal.

Rationale/Basis for Decision

The MAXIMUS chiropractor consultant indicated the member was injured on _____. The MAXIMUS chiropractor consultant noted he had surgery to his left knee on 6/5/06. The MAXIMUS chiropractor consultant also noted he completed a postoperative rehabilitation program. The MAXIMUS chiropractor consultant explained that according to the American Physical Therapy Association Guidelines for Work Hardening and Work Conditioning Programs, to be eligible for work hardening a patient must have a targeted job or job plan for return to work, have a stated willingness to participate, and have identified physical functional, behavioral and vocational deficits that interfere with work. The MAXIMUS chiropractor consultant indicated that according to the medical records provided for review, there were no functional testing or psychological testing that has been performed on this claimant (functional capacity evaluation, physical performance evaluations) to show that the patient is in need of a work hardening program. The MAXIMUS chiropractor consultant noted that as of September 2006, the patient's range of motion was within normal limits at 120 degrees. The MAXIMUS chiropractor consultant indicated that without evidence of physical, functional or behavioral limitations, a work hardening program is not medically necessary for treatment of the patient's condition.

Therefore, the MAXIMUS physician consultant concluded that the requested Preauthorization for work hardening 5X4 is not medically necessary for treatment of the patient's condition.

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.

Sincerely,
MAXIMUS

Lisa Gebbie, MS, RN
State Appeals Department

cc: Division of Workers Compensation

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 this 15th day of November 2006.

Signature of IRO Employee: _____
External Appeals Department