



December 28, 2006

Re: MDR #: M2 07 0420 01 Injured Employee: ___
DWC #: DOI:
IRO Cert. #: 5340 SS#:

TRANSMITTED VIA FAX TO:

TDI, Division of Workers' Compensation

Attention:

Medical Dispute Resolution

Fax: (512) 804-4868

RESPONDENT: Texas Mutual Insurance

TREATING DOCTOR: Kenneth Berliner, 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 orthopedic surgery 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.

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 December 28, 2006.

Sincerely,



Jeff Cunningham, DC
President



**REVIEWER'S REPORT
M2 07 0420 01**

MEDICAL INFORMATION REVIEWED:

Records from Kenneth Berliner, M.D., Byron Menard, D.C., Ajay Aggarwal, M.D.

BRIEF CLINICAL HISTORY:

This 34-year-old male suffered a twisting injury to the left ankle and a direct blow to the left knee in a fall on ____ Treatments for pain were typical and nonoperative. There were no signs or symptoms or internal derangement. An MRI scan on 02/01/06 was negative.

DISPUTED SERVICES:

Diagnostic arthroscopy has been requested and repeatedly denied.

DECISION:

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

RATIONALE OR BASIS FOR DECISION:

There are no physical findings suggestive of internal derangement of the knee. There are no special imaging studies to suggest diagnostic problems for which even diagnostic arthroscopy might be beneficial.

SCREENING CRITERIA/TREATMENT GUIDELINES:

ODG Guidelines, Campbell's Operative Orthopedics.