

RYCO MedReview

DETERMINATION OF INDEPENDENT REVIEW

NAME OF PATIENT: _____
IRO CASE NUMBER: M2-07-0448-01
NAME OF REQUESTOR: _____
NAME OF PROVIDER: Joseph Neustein, M.D.
REVIEWED BY: Board Certified in Orthopedic Surgery
IRO CERTIFICATION NO: IRO 5345
DATE OF REPORT: 12/04/06

Dear Ms. ____:

RYCO MedReview has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO) (#IRO5345). Texas Insurance Code Article 21.58C, effective September 1, 1997, allows a patient, in the event of a life-threatening condition or after having completed the utilization review agent's internal process, to appeal an adverse determination by requesting an independent review by an IRO.

In accordance with the requirement for TDI-Division of Workers' Compensation (DWC) to randomly assign cases to IROs, DWC has assigned your case to RYCO MedReview for an independent review. The reviewing physician selected has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, the reviewing physician 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.

This case was reviewed by a health care professional or physician reviewer who is Board Certified in Orthopedic Surgery and is currently listed on the DWC Approved Doctor List.

I am the Secretary and General Counsel of RYCO MedReview 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 the provider, the injured employee, the injured

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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.

REVIEWER REPORT

Information Provided for Review:

A prescription from Carlos Gonzalez, D.C. dated 01/06/04

An Employer's First Report of Injury or Illness dated 04/12/04

Evaluations with Dr. Gonzalez dated 04/12/04, 07/19/04, 10/21/04, and 03/07/05

X-rays of the chest, bilateral knees, bilateral shoulders, and lumbar spine interpreted by Dr. Gonzalez dated 04/12/04

Chiropractic therapy with Dr. Gonzalez dated 04/12/04, 04/14/04, 04/15/04, 04/19/04, 04/20/04, 04/21/04, 04/22/04, 04/23/04, 04/26/04, 04/27/04, 04/28/04, 05/03/04, 05/05/04, 05/07/04, 05/14/04, 05/17/04, 05/19/04, 05/21/04, 05/24/04, 06/02/04, 06/14/04, 06/16/04, 06/21/04, 06/23/04, 06/25/04, 06/29/04, 06/30/04, 07/02/04, 07/19/04, 07/23/04, 07/30/04, 08/11/04, 08/16/04, 08/25/04, 08/27/04, 09/01/04, 09/03/04, 09/10/04, 09/13/04, 09/15/04, 09/17/04, 09/21/04, 09/24/04, 09/27/04, 09/30/04, 10/01/04, 10/06/04, 10/08/04, 10/11/04, 10/13/04, 10/20/04, 10/21/04, 10/25/04, 10/28/04, 12/08/04, 12/13/04, 12/15/04, 12/18/04, 12/20/04, 12/22/04, 12/27/04, 12/29/04, 01/04/05, 01/05/05, 01/07/05, 01/11/05, 01/13/05, 01/19/05, 01/26/05, 02/18/05, 03/07/05, 03/09/05, 03/11/05, 03/14/05, 03/16/05, 03/17/05, 03/22/05, 03/23/05, 03/25/05, 03/28/05, 03/29/05, 03/30/05, 04/04/05, 04/06/05, 04/07/05, 04/08/05, 04/11/05, 04/12/05, 04/13/05, 04/14/05, 04/15/05, 04/18/05, 04/20/05, 04/21/05, 04/22/05, 04/25/05, 04/27/05, 04/28/05, 04/29/05, 05/02/05, 05/04/05, 05/05/05, 05/06/05, 05/10/05, 05/17/05, 05/19/05, 05/24/05, 05/25/05, 05/26/05, 06/01/05, 06/02/05, 06/03/05, 06/08/05, 06/28/05, 06/29/05, 07/01/05, 07/05/05, 07/08/05, 07/11/05, 07/14/05, 07/15/05, 07/18/05, 07/20/05, 07/21/05, 07/22/05, 07/25/05, 07/28/05, 08/01/05, 08/03/05, 08/08/05, 08/10/05, 08/12/05, 08/15/05, 08/17/05, 08/19/05, 08/23/05, 08/24/05, 08/26/05, 08/29/05, 09/02/05, 09/06/05, 09/07/05, 09/09/05, 09/14/05, 09/16/05, 09/23/05, 09/26/05, 09/28/05, 09/29/05, 09/30/05, 10/19/05, 10/27/05, 11/03/05, 11/10/05, 11/16/05, 03/10/06, 03/21/06, 04/19/06, 05/04/06, and 06/01/06

An MRI of the right knee interpreted by Hugo E. Isuani, M.D. dated 06/09/04

An EMG/NCV study interpreted by John Cella, III, M.D. dated 06/09/04

Evaluations with Joseph Neustein, M.D. dated 07/21/04, 11/22/04, 11/23/04, 12/09/04, 12/10/04, 01/03/05, 01/18/05, 01/25/05, 02/07/05, 02/22/05, 03/03/05, 05/31/05, 06/15/05, 06/20/05,

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09/12/05, 10/14/05, 12/05/05, 02/13/06, 04/26/06, 06/06/06, 06/27/06, 07/18/06, 08/08/06, 08/24/06, 08/31/06, 09/07/06, 09/15/06, 09/18/06, 09/19/06, 09/20/06, 10/03/06, 10/17/06, 10/19/06, 10/31/06, and 11/08/06

A Physical Performance Evaluation (PPE) with Dr. Gonzalez dated 07/26/04

Letters from Dr. Gonzalez dated 11/05/04, 04/19/05, 06/02/05, 06/30/05, 08/26/05, and 09/08/05

An MRI of the left knee interpreted by Thomas D. Spera, M.D. dated 11/10/04

Work statements from Dr. Neustein dated 11/16/04 and 01/03/05

An MRI of the lumbar spine interpreted by James H. Algeo, Jr., M.D. dated 12/28/04

TWCC-73 forms from Dr. Gonzalez dated 02/08/05, 10/08/05, 03/15/06, and 06/02/06

X-rays of the chest interpreted by Sam Kupetz, M.D. dated 02/10/05

Laboratory studies dated 02/10/05, 06/07/05, and 12/06/05

Operative reports from Dr. Neustein dated 02/15/05, 06/10/05, and 06/19/06

A pathology report interpreted by Jaime A. Diaz, M.D. dated 02/15/05

Occupational therapy plans of care from an unknown therapist (the signature was illegible) dated 03/08/05, 04/08/05, 05/06/05, 06/28/05, 08/08/05, 09/07/05, and 09/30/05

An operative note from Roger J. Belbel, D.O. dated 04/28/05

X-rays of the chest interpreted by Jorge Salcedo, M.D. dated 06/07/05

Prescriptions from Dr. Neustein dated 06/20/05 and 09/12/05,

A request for preauthorization letter from Dr. Gonzalez dated 08/01/05

A letter of medical necessity from Dr. Neustein dated 09/19/05

X-rays of the chest interpreted by Heramb K. Singh, M.D. dated 12/05/05

A review analysis from MCMC dated 09/14/06

Letters of denial from Fair Isaac dated 09/20/06 and 09/29/06

A letter of appeal from Dr. Neustein dated 09/26/06

A telephone conversation between Dr. Neustein and Dr. Frank Garcia (no credentials were listed) dated 09/27/06

Clinical History Summarized:

A combination of chiropractic therapy and occupational therapy was performed with Dr. Gonzalez and the unknown therapist from 04/12/04 through 06/01/06 for a total of 160 sessions. An MRI of the right knee performed on 06/09/04 and interpreted by Dr. Isuani revealed degenerative changes and chondromalacia patella. An EMG/NCV study interpreted by Dr. Cella on 06/09/04 revealed possible bilateral carpal tunnel syndrome and right L5 and S1 radiculopathy. A PPE with Dr. Gonzalez on 07/26/04 indicated the patient functioned in the light work duty level. An MRI of the left knee interpreted by Dr. Spera on 11/10/04 revealed a posterior horn medial meniscus tear. On 11/23/04 and 01/25/05, Dr. Neustein performed a right knee injection. On 12/10/04 and 02/07/05, Dr. Neustein performed a left knee injection. An

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MRI of the lumbar spine interpreted by Dr. Algeo on 12/28/04 revealed a shallow disc protrusion at L5-S1. On 01/18/05, Dr. Neustein recommended possible spinal blocks and continued active rehabilitation. On 02/15/05, Dr. Neustein performed a right knee arthroscopic partial meniscectomy. A pathology report interpreted by Dr. Diaz on 02/15/05 revealed articular cartilage and synovial tissue. On 05/31/05, Dr. Neustein recommended left knee surgery. On 06/10/05, Dr. Neustein performed a left knee arthroscopic meniscectomy and chondroplasty of the patella. On 09/12/05, Dr. Neustein recommended physical therapy for the lumbar spine, Naprosyn, Darvocet, Prevacid, and an eventual total knee replacement. On 10/14/05, Dr. Neustein recommended a total knee arthroplasty. On 04/26/06, Dr. Neustein recommended spinal blocks and a total knee arthroplasty. On 06/19/06, Dr. Neustein performed a right knee total arthroplasty. On 07/18/06, Dr. Neustein recommended rehabilitation and continued Vicodin. On 08/08/06, Dr. Neustein recommended Naprosyn, Darvocet, Pepcid, and a cane. On 09/07/06, Dr. Neustein recommended continued physical therapy and a left knee arthroplasty. On 09/14/06, MCMC wrote a letter of denial for a left total knee replacement. On 09/20/06 and 09/29/06, FairIsaac wrote letters of denial for the total knee replacement. On 09/26/06, Dr. Neustein wrote a letter of appeal for the procedure. On 10/17/06, Dr. Neustein recommended Supartz injections for the left knee. Supartz injections were performed by Dr. Neustein on 10/19/06, 10/31/06, and 11/08/06.

Disputed Services:

Left total knee replacement

Decision:

I disagree with the requestor. The left total knee replacement would not be reasonable or necessary.

Rationale/Basis for Decision:

This patient had a slip and fall injury, which has resulted in total body pain. The patient was treated with a right total knee replacement after right and left knee arthroscopy. She is documented as having ongoing pain. She has undergone a series of Visco supplementation injections beginning on 10/19/06, again on 10/31/06, and on 11/08/06. The response to those injections has not been documented nor has enough time been given after these injections whether the patient will recover or not. In my opinion, the proposed left total knee replacement is neither reasonable nor necessary, as the conservative treatment has not been completed and it is not the appropriate surgery.

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Criteria utilized: **Campbell's Operative Orthopedics.**

The rationale for the opinions stated in this report are based on clinical experience and standards of care in the area as well as broadly accepted literature which includes 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 RYCO MedReview is deemed to be a Division 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 (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. A request for a hearing should be faxed to 512-804-4011 or sent to:

Chief Clerk of Proceedings/Appeals Clerk
TDI-Division of Workers' Compensation
P. O. Box 17787
Austin, TX 78744

A copy of this decision should be attached to the request. The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute.

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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 patient via facsimile or U.S. Postal Service this day of 12/04/06 from the office of RYCO MedReview.

Sincerely,

Laura White
Secretary/General Counsel