

MAXIMUS

May 29, 2003

Texas Workers Compensation Commission
Southfield Building, MS48
4000 S. IH-35
Austin, Texas 78704-7491

NOTICE OF INDEPENDENT REVIEW DECISION Corrected Letter

RE: MDR Tracking #: M5-03-1728-01
TWCC #:
Injured Employee:
Requestor:
Respondent: TML Intergovernmental Risk Pool
MAXIMUS Case #: TW03-0216

MAXIMUS has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). MAXIMUS IRO Certificate Number is 5348. Texas Worker's Compensation Commission (TWCC) Rule §133.308 allows for a claimant or provider to request an independent review of a Carrier's adverse medical necessity determination. TWCC assigned the above-reference case to MAXIMUS for independent review in accordance with this Rule.

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. The MAXIMUS chiropractor reviewer signed a statement certifying that no known conflicts of interest exist between this chiropractor and any of the treating physicians or providers or any of the physicians or providers who reviewed this case for a determination prior to the referral to MAXIMUS for independent review. In addition, the MAXIMUS chiropractor reviewer certified that the review was performed without bias for or against any party in this case.

Clinical History

This case concerns a 49 year-old female who sustained a work related injury on 2/___/96. The patient reported that while at work, she was hit in the back with a phone and then injured during a take down. The patient underwent X-Rays of the right ankle, C-Spine and lumbosacral spine. The patient was initially prescribed medications and treated with physical therapy. The patient underwent right knee arthroscopy with anterior cruciate ligament debridement, partial lateral meniscectomy and lateral retinacular release on 4/15/97. The patient has also undergone left knee surgery and carpal tunnel release. The patient also underwent a right knee arthroscopy

with synovectomy and intermedial ligament resection on 3/14/98. There is a previous on the job injury to her lower back in 1984.

Requested Services

Prescribed Medications: Carisoprodol 350 mg, Hydrocodone/APAP 7.5mg/750mg, Furosedid 40 kg from 6/26/02 through 1/4/03.

Decision

The Carrier's determination that these services were not medically necessary for the treatment of this patient's condition is upheld.

Rationale/Basis for Decision

The MAXIMUS physician reviewer noted that this case concerns a 49 year-old female who sustained a work related injury on 2/24/96. The MAXIMUS physician reviewer also noted that the patient was evaluated with X-Rays of the cervical and lumbar spine and the right ankle. The MAXIMUS physician reviewer indicated that the patient was initially treated with analgesic medications and physical therapy. The MAXIMUS physician reviewer also indicated that the patient continued to complain of pain and was evaluated by orthopedics. The MAXIMUS physician reviewer noted that the patient underwent a right knee arthroscopy with anterior cruciate ligament debridement, partial meniscectomy and lateral retinacular release on 4/15/97. The MAXIMUS physician reviewer also noted that the patient has undergone left knee surgery, bilateral carpal tunnel release and a second arthroscopy of the right knee with synovectomy and intermedial ligament resection on 3/14/98. The MAXIMUS physician reviewer indicated that the patient continued to complain of right knee and low back pain, requiring analgesics, muscle relaxants, and medication for sleep and office evaluations with her primary care physician. The MAXIMUS physician reviewer explained that the patient's continued complaints of pain and discomfort are not related to the compensable injury of 2/24/96. The MAXIMUS physician reviewer indicated that the patient was evaluated by orthopedics and it was determined that the continued knee problems are related to arthritis. However, the MAXIMUS physician reviewer explained that the documentation provided does not show the arthritic changes in this patient's knee are due to trauma. The MAXIMUS physician reviewer also explained that the orthopedic evaluation of 4/18/02 deemed the patient at maximal medical improvement. Therefore, the MAXIMUS physician consultant concluded that the prescribed Medications: Carisoprodol 350 mg, Hydrocodone/APAP 7.5mg/750mg, Furosedid 40 kg from 6/26/02 through 1/4/03 were not medically necessary to treat this patient's condition.

Sincerely,
MAXIMUS

Elizabeth McDonald
State Appeals Department