



CLAIMS EVAL

*Utilization Review and
Peer Review Services*

Notice of Independent Review Decision-WC

CLAIMS EVAL REVIEWER REPORT - WC

DATE OF REVIEW: 9-3-09

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Referral to Dr. to perform an impairment rating by a "doctor selected by the treating doctor" to act in place of the treating doctor

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION

American Board of Orthopaedic Surgery-Board Certified

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

- Upheld (Agree)
 Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Employer's First Report of Injury.
- 3-25-09 MD., performed a Designated Doctor Evaluation.
- 5-7-09 MD., performed a Doctor Selected by Treating Doctor.
- 6-12-09 Dr. provided a letter of appeal to reconsider.

PATIENT CLINICAL HISTORY [SUMMARY]:

Per The Employer's First Report of Injury, the claimant sustained a work related injury on xx/xx/xx. On this date, the claimant reported injury to his hand and fingers.

On 3-25-09, MD., performed a Designated Doctor Evaluation. He certified the claimant had reached MMI on this date and awarded the claimant no permanent impairment loss. He noted that the claimant signs and symptoms have nothing at all to do with the effects of the work event.

On 5-7-09, MD., performed a Doctor Selected by Treating Doctor certified the claimant had reached MMI on this date and awarded the claimant 6% impairment based on Table 14 due to limitations in his upper extremity for 3% and Table 13 under station and gait for 3%, for a total of 6% whole person impairment.

On 6-12-09 Dr. provided a letter of appeal to reconsider. He noted that the service was an impairment rating by Dr. These fees are reasonable and necessary per the treating physician and per Dr. . The treating physician is entitled to obtain an opinion of impairment on a disputed rating, regardless of a prior required medical exam or designated doctor. This is the fundamental process of the impairment rating dispute system...that to dispute an impairment rating by one doctor, an injured worker needs medical evidence to the alternative to be granted a hearing. There is no provision requiring pre-authorization, nor is there a provision allowing an injured worker or treating doctor to request a required medical exam. In the converse, a carrier may obtain all the second impairment opinions it can get approved by DWC, to wit "doctor shopping." Why can't an injured worker? Remember the statutes make multiple referrals to "fairness" throughout the Texas Labor Code. In addition, the basis for your denial is 'do not appear to be medically necessary". Who, with a medical degree in the State of Texas,

made this specific determination when you denied the case? You stated by phone “the adjuster”. Does the adjutor have a medical degree? Should the carrier fail or refuse to reimburse, we will of course appeal to IRO.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.

MEDICAL RECORDS REFLECT A CLAIMANT WITH AN INJURY TO THE UPPER EXTREMITY. THE CLAIMANT WAS EVALUATED BY A DESIGNATED DOCTOR EVALUATION AND WAS FOUND TO HAVE NO IMPAIRMENT DUE TO THE COMPENSABLE INJURY. THE TREATING PHYSICIAN DID NOT AGREE WITH THIS RATING AND REFERRED THE CLAIMANT FOR AN IMPAIRMENT RATING, WHICH WAS PERFORMED BY DR. ACCORDING TO CURRENT GUIDELINES, A TREATING DOCTOR MAY OBTAIN AN OPINION ON A DISPUTED RATING. THEREFORE, REFERRAL TO DR. TO PERFORM AN IMPAIRMENT RATING IS CERTIFIED.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- INTERQUAL CRITERIA
- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS**
- TEXAS TACADA GUIDELINES**
- TMF SCREENING CRITERIA MANUAL**
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**