

September 12, 2002

Re: Medical Dispute Resolution  
MDR #: M5-02-2315-01  
IRO Certificate No.: IRO 5055

Dear

\_\_\_ has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, \_\_\_ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

A matched peer performed the independent review with the treating health care provider. A physician who is a doctor of Chiropractic medicine reviewed this case.

THE REVIEWER OF THIS CASE **PARTIALLY AGREES** WITH THE DETERMINATION MADE BY THE INSURANCE CARRIER. **The reviewer has determined that the work hardening program on 04.03 THRU 04.06.01, 04.09 THRU 04.20.01, 04.23 THRU 04.27.01, 04.30.01, 05.01 THRU 05.04.01, 05.07 THRU 05.11.01 WAS MEDICALLY NECESSARY. ALSO FCE ON 05.01.01 WAS MEDICALLY NECESSARY; HOWEVER, THE TRAVEL EXPENSES WERE NOT MEDICALLY NECESSARY.**

I am the Secretary and General Counsel of \_\_\_ and I certify that the reviewing healthcare professional in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

We are forwarding herewith a copy of the referenced Medical Case Review with reviewer's name redacted.

Sincerely,

#### **MEDICAL CASE REVIEW**

This is for \_\_\_. I have reviewed the medical information forwarded to me concerning MDR #M5-02-2315-01, in the area of Chiropractic. The following documents were presented and reviewed:

A. MEDICAL INFORMATION REVIEWED:

1. Treating doctor's position statement for IRO from \_\_\_\_.
2. Impairment rating report from \_\_\_\_, designated doctor.
3. Impairment rating report from \_\_\_\_.
4. Report from \_\_\_\_.
5. Report of medical evaluation from \_\_\_\_.
6. Report from \_\_\_\_.
7. Operative report from \_\_\_\_.
8. EMG/NCV study of right upper extremity dated November 17, 2000.
9. FCE report, dated 5/21/01.
10. FCE report, dated 5/01/01.
11. FCE report, dated 3/08/01.

B. BRIEF CLINICAL HISTORY:

The patient suffered a severe crush injury to his right hand on \_\_\_\_\_. The patient has had multiple surgeries to the hand. The patient received physical therapy and rehab to the hand from \_\_\_\_\_.

C. DISPUTED SERVICES:

1. Work hardening from April 3, 2001, to May 21, 2001.
2. Travel expenses.
3. FCE on May 1, 2001.

D. DECISION:

I PARTIALLY AGREE WITH THE DETERMINATION OF THE INSURANCE CARRIER IN THIS CASE.

Specifically, with regards to the work hardening for April 3, 2001, to May 21, 2001, I believe that the work hardening was medically necessary. With regards to the FCE of May 1, 2001, I believe that it was medically necessary. With regards to the travel expenses, I do not believe these were medically necessary.

E. RATIONALE OR BASIS FOR DECISION:

Due to the severity of the patient's injury, the length of time he was out of any type of work environment, and the progress made by the patient, I believe there is medical necessity for the work hardening program from April 3, 2001, to May 21, 2001. At the completion of post-surgical rehab and active therapy, the next step in the patient's return-to-work program is normally to be entered into a work hardening program to help simulate actual work environment and work duties.

The FCE that was performed on May 1, 2001, was medically necessary as a diagnostic procedure to monitor the patient's progress in his therapy program.

The travel expenses billed were not medically necessary, as travel to and from the doctor's office is the patient's responsibility. The unusual travel expense code used is for travel of a doctor out of his or her office for official business regarding a patient (Example: B.R.C., R.M.E., etc.).

F. DISCLAIMER:

The opinions rendered in this case are the opinions of this evaluator. This medical evaluation has been conducted on the basis of the documentation as provided to me with the assumption that the material is true, complete and correct. If more information becomes available at a later date, then additional service, reports or consideration may be requested. Such information may or may not change the opinions rendered in this evaluation. My opinion is based on the clinical assessment from the documentation provided.

Date: 10 September 2002