

**IRO Certificate #4599**

**NOTICE OF INDEPENDENT REVIEW DECISION**

June 8, 2002

**Re: IRO Case # M2-02-0614-01**

Texas Workers' Compensation Commission:

\_\_\_ has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IRO's, TWCC assigned this case to \_\_\_ for an independent review. \_\_\_ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, \_\_\_ received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a physician who is Board Certified in Orthopedic Surgery. He or she has signed a certification statement attesting that no known conflicts of interest exist between him or her and any of the treating physicians or providers, or any of the physicians or providers who reviewed the case for a determination prior to referral to \_\_\_ for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The \_\_\_ reviewer who reviewed this case has determined that, based on the medical records provided, the requested care is medically necessary. Therefore, \_\_\_ disagrees with the adverse determination regarding this case. The reviewer's decision and the specific reasons for it, is as follows:

This case involves a 56-year-old male injured on \_\_\_ when he fell in the store in which he worked. His fall reportedly resulted in multiple injuries, including injuries to his neck, back, shoulder, and left knee. The patient has been diagnosed with cervical disc disease, lumbar disc disease, lumbar radiculitis, a shoulder sprain, and internal derangement of the left knee. The patient's knee injury was eventually treated with knee replacement surgery. The patient has been under chiropractic care for rehabilitation since April, 2001. It has now been requested that the patient undergo six weeks of work hardening prior to return to work. I disagree with the carrier's decision to deny the requested work hardening. Although the patient will not likely achieve a work status beyond a sedentary level, he is suffering from chronic back and neck pain due to 'intervertebral disk syndrome'. If this condition has been

deemed a compensable injury, then work hardening is indicated even for achieving a sedentary work level. Sitting for prolonged periods may exacerbate the patient's lumbar back condition. Without proper conditioning, if the patient returns to a sedentary type job, he will likely suffer continued problems with his back. It is not reasonable to expect the patient to return to a medium work level with his combination of injuries.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.

### **YOUR RIGHT TO REQUEST A HEARING**

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

**If disputing a spinal surgery prospective decision**, a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

**If disputing other prospective medical necessity (preauthorization) decisions** a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing should be sent to:  
Chief Clerk of Proceedings, Texas Worker's Compensation Commission, P O Box 40669,  
Austin, TX 78704-0012. **A copy of this decision should be attached to the request.**

The party appealing this decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute (Commission Rule 133.308 (t)(2)).

Sincerely,