

July 11, 2002

Re: MDR #: M2-02-0758-01
IRO Certificate No.: 5055

In accordance with the requirement for TWCC to randomly assign cases to IROs, TWCC assigned your case to ___ for an independent review. ___ has performed an independent review of the medical records 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.

The independent review was performed by a matched peer with the treating physician. Your case was reviewed by a Chiropractic Doctor who is Board Certified as a Chiropractic Neurologist also.

**THE REVIEWER OF THIS CASE AGREES WITH THE DETERMINATION
MADE BY THE INSURANCE CARRIER ON THIS CASE.**

I am the Secretary and General Counsel of ___ 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 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. We are simultaneously forwarding copies to the patient, the payor, and the Texas Workers' Compensation Commission. This decision by ___ 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 this 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 ten (10) days of your receipt of this decision (28 Tex. Admin. Code 142.5©)

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 twenty (20) days of your receipt of this decision (28 Tex. Admin. Code 148.3)

This Decision is deemed received by you five (5) 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 Workers' Compensation Commission
P.O. Box 40669
Austin, TX 78704-0012

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.

I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on July 11,2002.

Sincerely,

This is ___ for ___. I have reviewed the medical information forwarded to me concerning MDR # M2-02-0758-01 in the area of chiropractic neurology. The following documents were presented and reviewed.

A. MEDICAL RECORDS REVIEWED:

1. Medical Dispute Resolution Request, ___, DC, DACNB, 05-28-02
2. Denial Letter, ___, LLC, 05-01-02
3. Correspondence Letters, ___, 04-18-02
4. Concurrent Review, ___, LLC, 04-16-02
5. Pre-authorization review, ___, LLC, 03-26-02
6. Peer Review, ___, 11-27-01
7. SOAP Notes, ___, 10-10-01 to 05-17-02
8. Pain Management Examination, ___, 12-08-01
9. Surgical Evaluation, ___, 10-05-01
10. Initial Examination, ___, 10-05-01
11. Initial Examination, ___, 10-05-01
12. Work Conditioning Evaluations, ___, 04-01-02 to 04-12-02
13. Occupational Therapy Notes, ___,10-02-01 to 02-08-01
14. FCE Examination, ___, 02-12-02
15. Range of Motion Examination, ___ 10-17-01
16. Electrodiagnostic Examination, ___ 01-05-02
17. Diagnostic Imaging, ___ 10-05-01
18. Surgical Notes, ___ 12-05-01

B. BRIEF CLINICAL HISTORY:

The patient, ____, is 47 year-old female who sustained a work related injury on _____. The injury was described as a repetitive stress injury while typing for _____. She has seen several different doctors including: physical therapy, surgical intervention, advanced imaging, electrodiagnostic studies, occupational therapy, and work hardening.

C. DISPUTED SERVICES:

Request for review of denial of Work Hardening Program for 2 weeks

D. DECISION:

I agree with the decision to deny approval of the work hardening.

E. RATIONAL OR BASIS FOR DECISION:

No, the work hardening program to be provided to ____ is not medically necessary after careful review of the above stated medical records and after consideration for the work hardening entrance requirements as stated in the TWCC Medical Fee Guidelines (1996) page 37.

First, the patient must exhibit some need or benefit for the program. ____ was examined and the only objective measurable deficits is the ability to type for 15 more minutes to reach her level necessary for work. She has no need for strengthening or all day intensive work hardening exercises. Her level of job function can better be obtained thru a home exercise program. The second criteria is to be on whose current levels of functioning due to illness or injury interferes with their ability to carry out specific tasks required in the workplace. She has already returned to the workplace full time and will have to gradually increase her ability to type on her own in a less intensive setting. The third admission requirement is being a person whose medical, psychological, or other conditions do not prohibit participation in the program. ____ was not found to have any prohibitions that would prevent her from functioning within normal limits in the work conditioning/work hardening programs. Finally, the patient must be capable of attaining specific employment upon completion of the program. ____ had already re-established herself at her job with _____.

F. DISCLAIMER:

The opinions rendered in this case are the opinion of the evaluator. Medical evaluation has been conducted on the basis of the documentation 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.