IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

April 4, 2003

Re: IRO Case # M2-03-0034

Texas Worker's 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 IROs, 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 Physical Medicine and Rehabilitation. 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 determination of the ___ reviewer who reviewed this case, based on the medical records provided, is as follows:

> History
> The patient was injured on ___ while he was standing in a parking lot and was struck from behind by a truck traveling at approximately 10 miles per hour. The patient was hit between the shoulder blades, and he developed pain in the left shoulder, neck and mid back. The patient was treated with physical therapy and epidural steroid injections x2. A functional capacity evaluation performed between 5/15/02 and 6/25/02 showed the patient to be functioning at a minimal physical demand level for work below the waist. A work hardening program was recommended to improve endurance and for psychological services, with the goal of increasing range of motion in the cervical, thoracic and lumbar spine. The patient started a work hardening program and completed two weeks. After two weeks, a two week extension was denied by the carrier.

Requested Service
Work hardening

Decision
I disagree with the carrier's decision to deny the requested treatment.

Rationale
The denial stated that the patient regressed in his ability to perform certain activities during the two weeks of the work hardening program. A letter from the patient's physical therapist dated 8/6/02, however, states that the patient's FCE rated the patient's weight maximum on an *occasional* basis, but he was rated during the work hardening program on a *frequent* basis. This would account for the patient's inability to lift the same amount of weight while enrolled in the work hardening program. The 8/6/02 letter also explains that the patient had significant soreness at the beginning of the week due to his relative deconditioning. He again had soreness the second week due to the increase in hours of participation in the program. Furthermore, two weeks is not an adequate amount of time to determine the efficacy of the work hardening, particularly in light of the patient's deconditioning and resultant muscle soreness and fatigue on the initiation of each program week. Two more weeks of a work hardening program would be appropriate to further assess his performance.

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,

_____

In accordance with Commission Rule 102.4 (b), I hereby certify that a copy of this Independent Review Organization (IRO) decision was sent to the carrier and the requestor or claimant via facsimile or US Postal Service from the office of the IRO on this 7th day of April 2003.