

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

January 13, 2003

Re: IRO Case # M2-03-0054

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 is a 37-year-old female who on ___ slipped and fell on a wet floor, injuring her neck, shoulders and low back. She was initially diagnosed with cervical and lumbar strain and myofasciitis. She was treated with medications, a home exercise program, a lumbar corset and a TENS unit. MRIs of the cervical and lumbar spine on 1/7/02 were negative for significant pathology. On 2/12/02 one physician found the patient to be at MMI and gave her a 0% whole person impairment rating. A six week work conditioning program was recommended. On 3/5/02 the patient's whole person impairment rating was determined to be 15%. In addition to physical therapy, the patient was treated with trigger point injections. A Designated Doctor Examination was performed 3/29/02 and the patient was

found to not be at MMI. A neurological evaluation was performed and the patient was diagnosed with fibromyalgia and possible inflammatory arthritis. Further work up was recommended. Recommendations were made for a work hardening program, and for visits with a psychologist. Six visits with a psychologist were approved. On 10/23/02 a Designated Doctor Examination was performed and the patient was found to not be at MMI. A Functional Capacity Evaluation was recommended.

Requested Service

Work Hardening/Conditioning

Decision

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

Rationale

Before a work hardening program can be started, a Functional Capacity Evaluation has to be performed to evaluate the patient's specific deficits and to evaluate vocational, behavioral and psychological screening to determine if multi disciplinary work hardening is needed.

In this case, the patient has an ongoing injury which has not been completely treated. She continues to follow up with a rheumatologist. She also needs further work up with a neurologist for some upper extremity tremors which have begun recently. She has been treated by a psychologist for at least five of six approved visits. The patient has not had an FCE to further evaluate deficits for going to work, and any need for further behavioral or psychological counseling. If, after evaluation, a multi disciplinary approach were found to be needed, it might be appropriate for this patient.

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,