

June 30, 2003

## NOTICE OF INDEPENDENT REVIEW DECISION

**RE: MDR Tracking #: M2-03-1198-01**

\_\_\_ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). \_\_\_ IRO Certificate Number is 5348. Texas Worker's Compensation Commission (TWCC) Rule §133.308 allows for a claimant or provider to request an independent review of a Carrier's adverse medical necessity determination. TWCC assigned the above-reference case to \_\_\_ for independent review in accordance with this Rule.

\_\_\_ has performed an independent review of the proposed care to determine whether or not the adverse determination was appropriate. Relevant medical records, documentation provided by the parties referenced above and other documentation and written information submitted regarding this appeal was reviewed during the performance of this independent review.

This case was reviewed by a practicing chiropractor on the \_\_\_ external review panel. The \_\_\_ chiropractor reviewer signed a statement certifying that no known conflicts of interest exist between this chiropractor and any of the treating physicians or providers or any of the physicians or providers who reviewed this case for a determination prior to the referral to \_\_\_ for independent review. In addition, the \_\_\_ chiropractor reviewer certified that the review was performed without bias for or against any party in this case.

### Clinical History

This case concerns a 53 year-old male who sustained a work related injury on \_\_\_. The patient reported that while at work he was operating a weed eater on the side of a hill when he slipped and fell. He reported that he twisted away from the weed eater and fell landing on both knees and his right hand. The patient underwent X-Rays of the right wrist and lumbar spine. The diagnoses for this patient included lumbar sprain/strain, grade II, right wrist sprain/strain, grade II and myofascial pain syndrome. The patient has been treated with oral pain medications, active and passive therapy and chiropractic care.

### Requested Services

30 sessions of work conditioning to include CPT codes 97545-WC and 97546-WC (up to eight hours).

### Decision

The Carrier's denial of authorization for the requested services is overturned.

### Rationale/Basis for Decision

The \_\_\_ chiropractor reviewer noted that this case concerns a 53 year-old male who sustained a work related injury to his right wrist and lumbar spine on \_\_\_. The \_\_\_ chiropractor reviewer also noted that the diagnoses for this patient included lumbar sprain/strain-grade II, right wrist sprain/strain-grade II and myofascial pain syndrome. The \_\_\_ chiropractor reviewer further

noted that the treatment for this patient's condition has included oral pain medications, chiropractic care and active and passive therapy. The \_\_\_ chiropractor reviewer explained that after a review of the documentation provided the 30 sessions of work hardening are reasonable and medically necessary. Therefore, the \_\_\_ chiropractor consultant has concluded that the requested 30 sessions of work conditioning to included CPT codes 97545-WC and 97546-WC (up to 8 hours) is medically necessary to treat this patient's condition at this time.

This decision is deemed to be a TWCC 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. (20 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 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. (Commission Rule 133.308(t)(2)).

Sincerely,

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 this 30<sup>th</sup> day of June 2003.