

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

June 28, 2003

Re: IRO Case # M2-03-1207-01

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 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 determination of the ___ reviewer who reviewed this case, based on the medical records provided, is as follows:

History

The patient is a 30-year-old female firefighter who injured her left shoulder on ___. She had extensive treatments including physical therapy, psychotherapy, anti-inflammatory medications, and narcotic analgesics. Her workup has included nerve conduction studies that were normal and an MRI of the shoulder that revealed tendinosis of the supraspinatus tendon. Apparently, the patient underwent surgery on 6/21/02. No records of the surgery were provided for this review, but apparently the patient had an acromioplasty. In the past, a work hardening program had been requested. This was denied because of the patient's severe pain and possible slap lesion in the shoulder. The slap lesion was apparently ruled out, and the patient's pain has decreased. The patient has recently been reevaluated by her

psychotherapist on 2/11/03 who recommends the work hardening program at this time as beneficial both physically and mentally to the patient.

Requested Service(s)

Work hardening program for 4 weeks, 5 days per week

Decision

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

Rationale

Based on the documentation demonstrating the lack of intra-articular shoulder pathology, and the reevaluation by this patient's licensed psychotherapist who recommends a multidisciplinary work hardening program, it is my opinion that a multidisciplinary work hardening program lasting four weeks is medically indicated at this time. The patient's current psychosocial profile and pain level as such that the program is appropriate to increase strength and mobility prior to gainful employment.

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 1st day of July 2003.