

NOTICE OF INDEPENDENT REVIEW DECISION

Date: July 18, 2003

RE: MDR Tracking #: M2-03-1337-01
IRO Certificate #: 5242

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ___ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a Chiropractic physician reviewer. The Chiropractic physician reviewer has signed a certification statement stating 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 the referral to for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

It appears the claimant injured his right ring finger at the base of the middle phalanx as he was lifting an engine block into the bed of a pickup truck. His finger became trapped between the engine block and the bed of the pickup truck, and was fractured. The claimant underwent an initial surgery to correct the fracture and then had continuing difficulty, thereby necessitating a second surgery on 2/18/03. The claimant saw ___ for designated doctor purposes on 3/27/03; however, was still in a splint for immobilization at that time and, therefore was not felt to be at maximum medical improvement. The claimant also saw ___ for independent medical exam purposes on 5/30/03. The claimant was diagnosed at that time with post operative traumatic arthritis of a severe nature; however, it was felt that his condition had plateaued and he was assessed a 3% whole body impairment rating. The claimant was also seeing ___ for chiropractic care and was recommended for a work hardening program in early May 2003. The work hardening program was denied on 2 occasions through the pre-authorization process in May 2003. A behavioral assessment prior to entrance into the work hardening program was reviewed. An functional capacity exam of 5/2/03 was reviewed.

Requested Service(s)

The medical necessity of a work hardening program.

Decision

I agree with the insurance carrier that the work hardening program is not medically necessary.

Rationale/Basis for Decision

A work hardening program is rarely indicated following a ring finger injury regardless of the amount of surgeries and ongoing dysfunction the claimant may or may not have. The documentation does not justify the need for a work hardening program for several reasons. First of all, a certain amount of decreased range of motion and ongoing pain and dysfunction is to be expected in this particular situation with this particular injury. It is not realistic for the claimant to gain all of the range of motion back into his ring finger and to experience a totally pain free status. It was clear in the documentation that the claimant reached maximum therapeutic benefit as it pertained to the injury and its remaining sequelae. Second of all, the functional capacity exam revealed the claimant to be cardiovascularly at the medium to heavy duty level and his dynamic rating for the various lift tasks placed him well into the medium level of function according to the US Department of Labor Physical Demand Characteristics of Work Chart. The claimant's employer reportedly required him to function at the medium to heavy duty level as a driver and delivery person. His overall physical status as of the 5/2/03 functional capacity exam was well maintained except for the ongoing ring finger dysfunction, range of motion and decreased grip strength. A work hardening program is not indicated for correction of these deficiencies which are limited to the right hand and right ring finger. Thirdly, the pre-work hardening behavioral assessment indicated the claimant was poorly motivated with respect to further treatment issues. It was also indicated in that report that the claimant demonstrated "a mild degree of stress" and he was "satisfied with himself as he was". It was also stated in that report that he was "not experiencing marked distress". Axis I and Axis II were deferred in the report. The claimant also stated that he saw little need for change in his behavior. The overall documentation revealed that the claimant can return to work. In my opinion and based on the functional capacity exam of 5/2/03 as well as the behavioral assessment, the claimant can return to work as a driver and car parts delivery person. This in and of itself is equivalent to an actual monitored work hardening program. I really saw no rationale for why the claimant cannot retain employment as a delivery parts driver. As far as further treatment issues, the claimant can remain on a home based exercise program for his finger in that these conditions are very easy to self rehabilitate and maintain via a home based program.

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 hearing should be sent to: Chief Clerk of Proceedings, Texas

Workers' Compensation Commission, P.O. Box 40669, Austin, Texas, 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)).

This decision by the IRO is deemed to be a TWCC decision and order.