

NOTICE OF INDEPENDENT REVIEW DECISION

Date: August 28, 2003

RE: MDR Tracking #: M2-03-1559-01
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 was the back seat passenger in a motor vehicle which was struck from the rear by another car or vehicle on _____. The claimant was initially diagnosed at a local emergency room with a cervical sprain/strain injury and he was released to return to work. The claimant, however, presented to _____ for chiropractic care and somehow ended up having right shoulder pain even though the initial chiropractic exam revealed no shoulder complaints and no shoulder objective findings. At any rate, an MRI of the right shoulder did reveal a partial rotator cuff tear with degeneration and the claimant ended up undergoing arthroscopic surgery on 3/17/03 at the right shoulder. The claimant was subsequently placed on a home based exercise program by_____; however, _____ requested that the claimant enter a work hardening program sometime in May or June of 2003. This was denied through the pre-authorization process on at least 2 occasions. It was interesting to note that the claimant's right shoulder range of motion increased fairly significantly from 4/8/03 through 5/28/03 while he was only on a home based program. The claimant's pain levels as of 5/29/03 were listed as a 3/10. The claimant was taken off work through a good part of the summer of 2003 even though he was not required to be at work because he was a _____ and the school season had ended.

Requested Service(s)

Work hardening services over a 4 week period.

Decision

I agree with the insurance carrier that the services to include the work hardening program over a 4 week period are not reasonable or medically necessary.

Rationale/Basis for Decision

The claimant was employed as a ___ which would require a rather limited amount of physical condition. The documentation revealed the claimant's shoulder range of motion improved significantly while simply on a home based exercise program from 4/8/03 through 5/2/03. A work hardening program would be overkill so to speak to restore a reasonable amount of function to this ___. The documentation also revealed the claimant worked with his rotator cuff injury at essentially his regular duty level from December 2002 through March 2003. Surely it is reasonable to assume that the claimant's condition can be restored to reasonable level with a routine, more cost effective strengthening program or a continued home based program. I understand that there were some functional deficits during the various functional capacity exams; however, a work hardening program is/was not the proper cost effective modality of choice in this particular situation and given this claimant's particular job description.

YOUR RIGHT TO REQUEST A HEARING

Either party to 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) calendar 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) calendar days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

This decision is deemed received by you 5 (five) days after it was mailed or the date of fax (28 Tex. Admin. Code 102.5(d)). A request for a hearing and a **copy of this decision** must be sent to:

Chief Clerk of Proceedings / Appeals Clerk
P.O. Box 17787
Austin, Texas 78744
Fax: 512-804-4011

The party appealing this decision shall deliver a copy of its written request for a hearing to other party involved in this dispute.

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