

November 17, 2003

David Martinez
TWCC Medical Dispute Resolution
MS-48
7551 Metro Center Drive, Suite 100
Austin, TX 78744-1609

MDR Tracking #: M2-04-0222-01
IRO #: 5251

___ has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this 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, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed Doctor of Chiropractic. The reviewer is on the TWCC Approved Doctor List (ADL). The ___ health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors 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 the dispute.

CLINICAL HISTORY

___ is 53- year old Caucasian female who was injured on the job, ___ when she tripped over a construction spool that had been used to hold the doors open. She flipped over the spool, landing on her left face and shoulder. She reached for an object to get herself back up on her feet when the dolly that she held on to came down and again hit her on the left side of the face, region of the TMJ.

This patient has been under the care of ___, maxillo-oral facial surgeon as well as ___ for chiropractic manipulation, rehabilitation and case management. She has seen ___, LMSW-ACP for chronic pain management and coping counseling. She has been evaluated for a chronic-pain management program and has seen ___ for pain management.

The patient continues with chronic, non-resolving, but improving, left TMJ dysfunction and swelling. She has ongoing neck pain complicated by disc injuries to primarily C4-5 and C6-7. Additionally, she has non-resolved left subacromial/subdeltoid bursitis with chronic impingement. Treatment at this time consists of spinal manipulation, physical modalities for pain control and rehabilitative/therapeutic exercises, as well as co-management with ___.

This patient has returned to work albeit part-time. She has been unable to tolerate return to full duty/hours. Her job primarily involves the sale of furniture, which includes long hours on her feet and lifting.

REQUESTED SERVICE

A work conditioning program (x 20 days) is requested for this patient.

DECISION

The reviewer disagrees with the prior adverse determination.

BASIS FOR THE DECISION

The proposed work-conditioning program x 20 days is medically necessary as defined by Texas Labor Code 408.021.

Treatment and management of this case has been well within accepted guidelines. The documentation presented for review makes a clear case that the care to date, as well as proposed work conditioning program has satisfied the definitions of medical necessity, per Texas Labor Code 408.021. This patient has not returned to full duties and the proposed work-conditioning program should move her towards that goal. Work conditioning is well established within the standard of medical care and peer-reviewed literature, and is necessary in this case. Further, the proposed work-conditioning program is appropriate to the level of care (tertiary) she is at regarding her injuries.

Texas Labor Code, Section 408.021 provides that workers' compensation claimants are entitled to medical care if that care:

1. Cures the effects naturally resulting from the compensable injury or
2. Relieves the effects naturally resulting from the compensable injury or
3. Promotes recovery or
4. Enhances the ability of the employee to return to work or
5. Enhances the ability of the employee to retain employment.

___ has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. ___ has made no determinations regarding benefits available under the injured employee's policy.

As an officer of ___, I certify that there is no known conflict between the reviewer, ___ and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

___ is forwarding by mail and, in the case of time sensitive matters by facsimile, a copy of this finding to the treating doctor, payor and/or URA, patient and the TWCC.

Sincerely,

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.

I hereby certify, in accordance with TWCC Rule 102.4 (h), that a copy of this Independent Review Organization decision was sent to the carrier, requestor, claimant (and/or the claimant’s representative) and the TWCC via facsimile, U.S. Postal Service or both on this 16th day of November 2003.