

**THIS DECISION HAS BEEN APPEALED. THE
FOLLOWING IS THE RELATED SOAH DECISION NUMBER:**

SOAH DOCKET NO. 453-04-2777.M2

December 18, 2003

Re: MDR #: M2-04-0377-01
IRO Certificate No.: 5055

In accordance with the requirement for TWCC to randomly assign cases to IROs, TWCC assigned your case to ___ for an independent review. ___ has performed an independent review of the medical records to determine medical necessity. In performing this review, ___ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician who is Certified in Chiropractic Treatment.

Clinical History:

The patient was injured while performing her duties at work on ____. It is also noted that she had a prior wrist injury dated _____. She had her first carpal tunnel release done in August 1998 on the right wrist. The second CTR was performed on the left wrist in October 1999. The third CTR was performed on the left wrist in August 2002. The fourth CTR was performed in January 2003. Physical therapy was provided to the patient from 01/22/03 through 05/25/03. The patient was determined to be at MMI on 05/12/03 and was assigned a 6% whole-person impairment.

Disputed Services:

Proposed five times a week for six weeks of work hardening.

Decision:

The reviewer agrees with the insurance carrier that the proposed treatment is not medically necessary in this case.

Rationale:

MMI is defined as the earlier of the earliest date after which, based upon reasonable medical probability, further material recovery from or lasting improvement to an injury can no longer be anticipated. The patient is at MMI and has been assigned a 6% whole-person impairment. This fact has not been disputed within the documentation this reviewer has received. Vocational training with TRC has been recommended.

As stated in the *Texas Medical Fee Guidelines*, "Entrance/admission criteria shall enable the program to admit: persons who are likely to benefit from the program; persons whose current levels of functioning due to illness or injury interferes with their ability to carry out specific tasks required in the workplace; persons whose medical, psychological, or other conditions do not prohibit participation in the program; and persons who are capable of attaining specific employment upon completion of the program."

This patient is not likely to benefit from the work hardening program. She has had extensive physical therapy this year. The need for work hardening is not supported by the documentation provided.

I am the Secretary and General Counsel of ___ and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this care for determination prior to referral to the Independent Review Organization.

We are simultaneously forwarding copies of this report to the payor and the Texas Workers' Compensation Commission. This decision by ___ 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 this 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 ten (10) days** of your receipt of this decision (28 Tex. Admin. Code 142.5©).

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 twenty (20) days** of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you **five (5) 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, MS-48
7551 Metro Center Dr., Ste. 100
Austin, TX 78744-1609

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.

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 December 18, 2003.

Sincerely,