IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

January 6, 2004

Re: IRO Case # M2-04-0412

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, and who has met the requirements for the TWCC Approved Doctor List or who has been granted an exception from the ADL. 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 was injured in ___ when she was working at her desk when a leg broke off her desk, causing it to fall on her left foot. She reported immediate pain and swelling over the dorsum of her foot. An orthopedic surgeon diagnosed a contusion of the left foot. X-rays were negative for a fracture of the foot. The patient was ultimately diagnosed with post-traumatic neuromas of the foot. The patient underwent excision of two neuromas removed from the interdigital nerves in the second and third interspaces between the metatarsal heads.

The patient continued to suffer from chronic left foot pain. She has undergone multiple lumbar sympathetic nerve blocks and placement of a spinal cord stimulator to treat intractable left foot pain. The patient has been treated by a chiropractor since May 2003. She has undergone physical therapy as well as multiple modalities to treat her chronic left foot pain. The patient was placed at MMI on 3/19/03. She underwent an FCE on 7/9/03 and was placed in a light duty work capacity. The patient is a school teacher.

Requested Service(s)
Work hardening program 5x week for 4 weeks

Decision
I agree with the carrier's decision to deny the requested program.

Rationale
The patient suffered a crush injury or contusion to her left foot ___ years ago. In an 8-hour workday a schoolteacher may occasionally sit, stand, and walk. It has been documented that the patient is ambulatory, therefore there is no clinical indication for a specific or multi-disciplinary work hardening program. A schoolteacher does not use her left foot in any special way to perform her job, other than to stand and walk, which are activities of daily living. The patient has been through physical therapy to rehabilitate her left foot and left lower extremity. If she remains weakened in the left lower extremity as a result of disuse, then continuation of a generalized home exercise program would result in the desired goal of improved strength and endurance.

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 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.

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 7th day of January 2004.