

March 11, 2004

Re: MDR #: M2-04-0797-01-SS
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.

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.

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 Medicine.

REVIEWER'S REPORT

Information Provided for Review:

Correspondence
Office notes
Physician's daily notes
Physical Therapy notes
Functional Capacity Evaluation
Radiology report

Clinical History:

Patient received examinations and physical medicine treatments after an on-the-job injury resulting from an accident on ___.

Disputed Services:

Work hardening program X 30 sessions.

Decision:

The reviewer agrees with the determination of the insurance carrier and is of the opinion that a work hardening program is not medically necessary in this case.

Rationale:

There is no documentation in the medical records that would support the medical necessity of work hardening. Although the patient expressed that he was still having pain on 01/07/04, there is little objective evidence to support that. Regardless of the reported pain levels, it is highly unlikely that work hardening would yield any more or additional benefit than the physical medicine treatments previously performed.

Assuming that the injury was significant enough to warrant the extensive physical medicine treatments rendered, there is no documentation to support continued treatment in the form of the work hardening sessions being requested. The medical records indicate that the patient had very limited or no restrictions in cervical and lumbar ranges of motion when examined on 11/10/03. Additionally, the 12/15/03 nerve conduction study was normal, the 11/7/03 and 11/17/03 radiology studies were essentially negative, the 11/12/03 MRI was unremarkable and the 01/07/04 functional capacity examination revealed full cervical and lumbar ranges of motion in almost all planes. Those examinations indicate that the patient has recovered and that work hardening is not medically necessary.

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 March 11, 2004

Sincerely,