

April 20, 2004

Re: MDR #: M2-04-0906-01
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.

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.

Information and medical records pertinent to this medical dispute were requested from the Requestor and every named provider of care, as well as from the Respondent. 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 the area of Physical Medicine/Rehabilitation and is currently listed on the TWCC Approved Doctor List.

REVIEWER'S REPORT

Information Provided for Review:

Correspondence
History & physical exam and office notes
Physical therapy assessment
Radiology report

Clinical History:

The patient injured herself at work on ____. She went through a course of physical therapy, which improved her symptoms. When given the functional capacity evaluation, she only was able to meet a sedentary level of activity while her job performance requires a medium level. Work hardening was then requested and denied.

Disputed Services:

Work hardening program X 30 sessions

Decision:

The reviewer disagrees with the determination of the insurance carrier and is of the opinion that a work hardening program X 30 sessions is medically necessary in this case.

Rationale:

This patient has demonstrated an appropriate and positive response to physical therapy. While she has also demonstrated significant psychologic overlay at one time during her treatment, she has since that time (9/12/03) not demonstrated any signs that could be construed as consistent with symptom amplification. Additionally, on her functional capacity evaluation of 10/20/03, she gave efforts, which were determined to be valid with appropriate coefficient variation in 8 out of 10 tests. She additionally did not have any Waddell signs (i.e. signs of symptom amplification) on that date.

Therefore, this patient has demonstrated a valid inability to return to her previous occupation, which she desires to do. Work hardening should allow her to accomplish this and is particularly encouraging since she had a positive response to physical therapy in the past.

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 April 20, 2004

Sincerely,