

## NOTICE OF INDEPENDENT REVIEW DECISION

March 30, 2004

MDR Tracking #: M2-04-0907-01  
IRO Certificate #: IRO4326

The \_\_\_ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced 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, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a matched peer with the treating health care professional. This case was reviewed by a health care professional licensed in chiropractic care. \_\_\_'s health care professional has signed a certification statement stating 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 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 this case.

### Clinical History

This patient sustained neck and left wrist/hand injuries on \_\_\_ when she fell on the ice. She saw a chiropractor for therapy and treatment. Cervical imaging studies revealed a disc herniation at C5-6. She has undergone epidural steroid injections, a carpal tunnel release left wrist, attended passive and active physical therapy, and was administered pain medications.

### Requested Service(s)

Work hardening program for 20 sessions

### Decision

It is determined that a work hardening program for 20 sessions is warranted in the management of this patient's medical condition.

### Rationale/Basis for Decision

The mechanism of injury is clear and warranted the immediate inclusion of the left upper quarter. Due to the delay in appropriate medical intervention, it is not unrealistic to see the development of psychosocial deficits in addition to evident physical deficits. The claimant has injuries to numerous body regions and is in need of a multidisciplinary, highly structured, goal oriented and behavioral focused rehabilitation program.

The claimant needs the work hardening program to provide her with the greatest possible chance of becoming a productive member of the workforce.

This decision by the IRO is deemed to be a TWCC decision and order.

### **YOUR RIGHT TO REQUEST A HEARING**

Either party to this 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 hearing and a **copy of this decision** must be sent to: Chief Clerk of Proceedings/Appeals Clerk, Texas Workers' Compensation Commission, 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 all other parties involved in this dispute.

Sincerely,

In accordance with Commission Rule 102.4 (h), 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 this 30 <sup>th</sup> day of May 2004.
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