

NOTICE OF INDEPENDENT REVIEW DECISION

April 5, 2004

MDR Tracking #: M2-04-0935-01
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 medicine. ___'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

The patient sustained an injury to her knee ___ after falling and twisting her right knee as she went down. She had surgery 11/03/03 and continues to have pain in her right knee. She had returned to work with light duty, but was fired due to attendance problems. Her physician has ordered a work hardening program for six weeks, with the patient attending five days per week.

Requested Service(s)

Work hardening program five times per week for six weeks (30 sessions)

Decision

It is determined that the work hardening program, five times per week for six weeks (30 sessions) is not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

A work hardening program requires a multidisciplinary entrance examination, which includes a history, system review, selected tests and measures to identify the patient individual restoration needs. The information received for review was the functional capacity evaluation (FCE) and office visit, dated 01/22/04.

The office visit report indicates that the patient has a past medical history of continued intermittent throbbing pain. This pain increases when standing more than 15 minutes and radiates up the thigh to the low back, affecting sleep. This patient has been diagnosed with depression and anxiety based on this history without findings from referring physicians or from the medical records. The FCE performed on 01/22/04 lacks documentation of variables (perceived exertion, respiratory rate, blood pressure, etc...) to objectively show if the patient was giving full effort and to see if what effort she was giving was consistent throughout the testing. There was no dynamic lifting tests performed, only static lifting. In regards to the cardiovascular fitness level, the finding from the FCE showed the patient to have below average to average fitness level without any objective testing such as walking on treadmill (with blood pressure and respiration taken before, during, and after the test). Therefore, the work hardening program for five times per week for six weeks is not medically necessary to treat this patient's condition.

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,

<p>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 5th day of April 2004.</p>
