

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

May 3, 2004

Re: IRO Case # M2-04-1045

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:

Medical Information Reviewed

1. Table of disputed services
2. Non authorization documentation
3. Letter from carrier's attorney
4. MRI right shoulder 10/22/03
5. MRI lumbar spine 10/22/03
6. NCS right upper extremity 10/3/03
7. Chiropractic evaluation 2/11/04
8. Orthopedist consult 2/5/04
9. Chiropractic medical report 1/5/04, 12/22/03

10. FCE 12/18/03
11. Multiple D.C. notes
12. Psychological assessment 12/22/03

History

The patient is a 23 year-old male who presented for injury to his right shoulder and lumbar spine that resulted from falling of a ladder and landing on his back on _____. The patient was treated with non-operative management with his D.C. After failing this, he was eventually referred for orthopedic evaluation. The orthopedic surgeon recommended continued physical therapy and a work hardening program. Reports of an FCE and a psychological evaluation also recommended a work hardening program.

Requested Service(s)

Work hardening program, 10 sessions, 6 hours day

Decision

I disagree with the carrier's decision to deny the proposed program.

Rationale

The orthopedic surgeon who denied the requested work hardening program apparently did not have the orthopedic notes or records to review. The extensive records adequately document the necessity of a work hardening program to return the patient to work. These include an orthopedic evaluation that recommended a work hardening program, an FCE that recommended work hardening, and a psychological evaluation that indicated that a work hardening program would be beneficial. This is more than adequate to document medical necessity.

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.

Sincerely,

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 5th day of May 2004.