

September 20, 2004

MDR Tracking #: M2-04-1234-01
IRO #: 5284

___ has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this 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, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

This case was reviewed by a licensed Doctor of Chiropractic who is board certified in chiropractic. The ___ health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors 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 the dispute.

CLINICAL HISTORY

___ was employed by the ___ as a Heavy Equipment Operator when he was injured on ___. He was operating a blade machine when he crossed over some railroad tracks catching the blade on the tracks causing the machine to jerk, subsequently causing injuries to ___. His job functions include operating heavy equipment and any other activity associated with heavy equipment. An FCE dated 3/10/04 notes his functions to be at the Sedentary Light level while he is required to be at the Medium Heavy level. An initial mental health evaluation was reviewed noting psychological components to ___ injury and recovery from injury. Cervical and lumbar MRIs indicate disc injuries to the lumbar spine. Various records from the carrier and treating doctor were reviewed as well.

REQUESTED SERVICE

The service in dispute is a prospective request for 6 weeks of work hardening.

DECISION

The reviewer agrees with the previous adverse determination. It is apparent that ___ has multiple factors to his injury. From the mental health evaluation it is noted that the patient has a psychological component to his injury. The FCE indicates he is unable to qualify for his job classification. It is apparent that ___ would be a good candidate for work hardening except for the following: It is noted that the patient may be pursuing pain management consisting of injections and an individual psychotherapy program. Work hardening should be an end stage program aimed specifically at returning the worker to employment. Due to the fact that the patient has complicating factors, the work hardening program could be compromised.

In addition the injured worker has validity issues on the FCE in grip strength testing which is attributed to a shoulder injury. Additionally noted, the patient presumes that he is still employed but vocationally has no specific plans but to recover and return to work. According to Saunders in Industrial Rehabilitation, the client should have a clear job-oriented goal for return to work before initiating a work hardening program.

BASIS FOR THE DECISION

The reviewer indicates the basis of determination was based upon the North American Spine Society Guidelines, Guidelines for Quality Assurance and Practice Parameters, Industrial Rehabilitation-Techniques for Success, Medical Disability Advisor and 1996 Medical Fee Guidelines specific to Work Hardening. Specifically, the work hardening program should be considered as a goal oriented, highly structured, individualized treatment program. The program should be for persons who are capable of attaining specific employment upon completion of the program and not have any other medical, psychological or other condition that would prevent the participant from successfully participating in the program. It is apparent to the reviewer that the patient has complicating conditions as well as non specific return to work goals.

___ has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. ___ has made no determinations regarding benefits available under the injured employee's policy.

As an officer of ___, Inc, dba ___, I certify that there is no known conflict between the reviewer, ___ and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

___ is forwarding by mail and, in the case of time sensitive matters by facsimile, a copy of this finding to the treating doctor, payor and/or URA, patient and the TWCC.

Sincerely,

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.

In the case of prospective ***spinal surgery*** decision, a request for a hearing must be made in writing and it must be received by the TWCC Chief Clerk of Proceedings within 10 days of your receipt of this decision. (20 Tex. Admin. Code 142.5(c)).

In the case of other ***prospective (preauthorization) medical necessity*** disputes a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin. Code 148.3)

This decision is deemed received by you 5 (five) 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 Worker's Compensation Commission, P.O. Box 40669, Austin, TX 78704-0012. A copy of this decision should be attached to the request.

The party appealing this decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute, per TWCC rule 133.308(t)(2).

Sincerely,

I hereby certify, in accordance with TWCC Rule 102.4 (h), that a copy of this Independent Review Organization decision was sent to the carrier, requestor, claimant (and/or the claimant's representative) and the TWCC via facsimile, U.S. Postal Service or both on this 26th day of May 2004.