

# IRO America Inc.

## An Independent Review Organization

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Amended November 9, 2005

October 6, 2005

TWCC Medical Dispute Resolution

Fax: (512) 804-4868

Patient: \_\_\_\_\_  
TWCC #: \_\_\_\_\_  
MDR Tracking #: M2-05-2288-01  
IRO #: 5251

IRO America Inc. (IRO America) has been certified by the Texas Department of Insurance as an Independent Review Organization. The TDI, Division of Workers' Compensation (DWC) has assigned this case to IRO America for independent review in accordance with TWCC Rule 133.308 which allows for medical dispute resolution by an IRO.

IRO America 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.

The independent review was performed by a matched peer with the treating doctor; the Reviewer is a credentialed Panel Member of IRO America's Medical Knowledge Panel who is a licensed Provider, board certified and specialized in Chiropractic Care. The reviewer is on the TWCC Approved Doctor List (ADL).

The IRO America Panel Member/Reviewer is a health care professional who has signed a certification statement stating that no known conflicts of interest exist between the Reviewer and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent, or any of the treating doctors or insurance carriers health care providers who reviewed the case for decision before referral to IRO America for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

### RECORDS REVIEWED

Notification of IRO assignment, information provided by Requestor, Respondent, and Treating Doctor(s) including: Forte' reviews, daily notes from Matthew Higgs DC, notes from Stonebridge Alliance, notes from Winston Whitt MD, MRI of Thoracic Spine, treatment notes from Casey Brown OT, notes from Craig Barker MD, notes from Gabor Raez MD, notes from Ajay Mohabeer MD.

## **CLINICAL HISTORY**

The patient reports on \_\_\_\_\_, he was washing a client's legs and feet when the client pushed the patient hard, causing the patient to fall back over the mat and onto the corner of the shelf.

## **DISPUTED SERVICE(S)**

Under dispute is prospective and/or concurrent medical necessity of 20 sessions of work hardening.

## **DETERMINATION/DECISION**

The Reviewer disagrees with the determination of the insurance carrier.

## **RATIONALE/BASIS FOR THE DECISION**

The time in which this patient was moved into a work hardening program, follows the criteria set forth by the *Texas Guidelines for Quality Assurance and Practice Parameters*. This patient is entitled to the treatment needed to return them safely back to work without the risk of re-injury. The treatment in dispute is not unreasonable or unnecessary and appears to be a prudent course of treatment and requested and performed in an expeditious time frame. Work hardening would be the choice of treatment over a work conditioning in order to return the patient safely back into the work environment as a final phase of treatment without any risk of re-injury.

### **Screening Criteria**

#### 1. Specific:

*Texas Guidelines for Quality Assurance and Practice Parameters*

#### 2. General:

In making his determination, the Reviewer had reviewed medically acceptable screening criteria relevant to the case, which may include but is not limited to any of the following: Evidence Based Medicine Guidelines (Helsinki, Finland); Texas Medical Foundation: Screening Criteria Manual (Austin, Texas); Texas Chiropractic Association: Texas Guidelines to Quality Assurance (Austin Texas); Texas Medical Foundation: Screening Criteria Manual (Austin, Texas); Mercy Center Guidelines of Quality Assurance; any and all guidelines issued by TWCC or other State of Texas Agencies; standards contained in Medicare Coverage Database; ACOEM Guidelines; peer-reviewed literate and scientific studies that meet nationally recognized standards; standard references compendia; and findings; studies conducted under the auspices of federal government agencies and research institutes; the findings of any national board recognized by the National Institutes of Health; peer reviewed abstracts submitted for presentation at major medical associates meetings; any other recognized authorities and systems of evaluation that are relevant.

## **CERTIFICATION BY OFFICER**

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

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

IRO America is forwarding by mail or facsimile, a copy of this finding to the TWCC, the Injured Employee, the Respondent, the Requestor, and the Treating Doctor.

Sincerely,  
**IRO America Inc.**

Dr. Roger Glenn Brown  
**President & Chief Resolutions Officer**

Cc: \_\_\_\_\_

Sorm  
Attn: Jennifer Dawson  
Fax: 512-370-9170

Matthew Higgs  
Fax: 806-748-6110

## 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.

**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 6 day of October, 2005.**

**Name and Signature of Ziroc Representative:**

Sincerely,  
**IRO America Inc.**

Dr. Roger Glenn Brown  
**President & Chief Resolutions Officer**