

MCMC

IRO Medical Dispute Resolution M2 Prospective Pre-Authorization IRO Denial Notification Letter

Date: 12/02/2004
Injured Employee:
MDR #: M2-05-0222-01
TWCC #
MCMC Certification #: 5294

Requested Service: CPT: 97545/WC 5 X wk/4 weeks

MCMC llc (MCMC) is an Independent Review Organization (IRO) that has been selected by The Texas Workers' Compensation Commission (TWCC) to render a recommendation regarding the medical necessity of the above requested service.

Please be advised that a MCMC Physician Advisor has determined that your request for M2 Prospective Medical Dispute Resolution on 12/02/2004 concerning the medical necessity of the above requested service is hereby Denied based on:

- *Medical dispute resolution request/response
- *Table of disputed services
- *Unimed Direct UR letter dated 09/14/2004
- *Unimed Direct UR letter dated 09/22/2004
- *Claims Management Independent Review Organization summary dated 10/25/2004
- *Employer's first report if injury
- Texas Workers' Compensation work status report dated 02/23/2004, through 05/26/2004
- *Dr. P General Physical report dated 02/23/2004, through 05/26/2004,
- *Workers' Compensation request for medical care form dated 02/23/2004
- *Healthsouth evaluate and treat form dated 02/09/2004
- *Healthsouth daily note dated 04/22/2004
- *Dr. N, MD medical record review report dated 07/01/2004
- *Physical therapy progress forms dated 08/02/2004 through 09/03/2004
- *Workers' Compensation initial evaluation report dated 07/15/2004
- *Rothmann Chiropractic and rehab notes dated 07/22/2004
- *Atlas Pain Center office notes dated 07/16/2004 through 08/20/2004
- *Dr. F, DC physical performance testing report dated 08/24/2004
- *Plainview chiropractic clinic report dated 11/02/2004
- *Plainview Chiropractic status forms dated 08/02/2004 through 10/18/2004

The documentation fails to establish the medical necessity for the proposed procedure, work conditioning. Firstly, this above captioned individual apparently sustained a work-related injury on _____. The documentation suggests that the individual sustained an uncomplicated elbow contusion during the course of his normal employment. Over the past eight month, this injured individual has been afforded an adequate course of physical medicine, both active and passive, for the treatment of this uncomplicated soft tissue injury with minimal objective deficits. There is nothing in the documentation to suggest that this case is particularly complicated or contains

comorbidities that could be reasonably expected to delay recovery or warrant a protracted course of care. Furthermore, it is not obvious from a review of the documentation that this injured individual has shown documented and demonstrable objective progress in response to the course of physical medicine that has been attended to date. Therefore, it could not be reasonably expected that an additional course of physical medicine would provide objective benefits beyond what has already been achieved. The documentation does not indicate that the significant objective exam was performed prior to the physical medicine performed to date. An FCE was performed prior to the consideration of work conditioning, however, in the absence of a previously performed examination to perform a baseline of objective data and to establish that prior physical medicine was efficacious, additional physical medicine in the form of work conditioning is not certified as medically necessary nor certified within the documentation.

This decision by MCMC is deemed to be a Commission decision and order (133.308(p) (5)).

The reviewing provider is a Licensed Chiropractor and certifies that no known conflict of interest exists between the reviewing chiropractor and any of the treating providers or any providers who reviewed the case for determination prior to referral to the IRO. The reviewing physician is on TWCC's Approved Doctor List.

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) days or your receipt of this decision (28Tex.Admin. Code 142.5©.)

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) days of your receipt of this decision (28Tex.Admin. Code 148.3©.)

This decision is deemed received by you 5 (five) days after it was mailed (28Tex.Admin. Code 102.4(h)(2) or 102.5(d)). A request for a hearing **and a copy of this decision** should 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 the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute. 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 2 day of December 2004.

Signature of IRO Employee:
Printed Name of IRO Employee: