

November 16, 2004

ROSALINDA LOPEZ
TEXAS WORKERS COMP. COMMISSION
AUSTIN, TX 78744-1609

CLAIMANT:
EMPLOYEE:
POLICY: M2-05-0270-01
IRO CERTIFICATION NUMBER: 5278

Medical Review Institute of America (MRIOA) has been certified by the Texas Department of Insurance as an Independent Review Organization (IRO). The Texas Workers Compensation Commission has assigned the above mentioned case to MRIOA for independent review in accordance with TWCC Rule 133 which provides for medical dispute resolution by an IRO.

MRIOA 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. Itemization of this information will follow.

The independent review was performed by a peer of the treating provider for this patient. The reviewer in this case is on the TWCC approved doctor list (ADL). The reviewer has signed a statement indicating they have no known conflicts of interest existing between themselves and the treating doctors/providers for the patient in question or any of the doctors/providers who reviewed the case prior to the referral to MRIOA for independent review.

Records Received:

Records Received from the State:

Notification of IRO assignment dated 10/25/04 (1 page)
Texas Worker's Competition Commission letter dated 10/25/04 (1 page)
Medical dispute repopulation request/response form, date stamp 10/14/04 (3 pages)
Review determination from UniMed Direct LLC dated 9/23/04 (1 page)
Request for reconsideration dated 9/29/04 (2 pages)
Review determination from UniMed Direct LLC dated 10/6/04 (1 page)

Records Received from Insurance Company

M2 case notification dated 10/26/04 (1 page)
Review determination from UniMed Direct LLC dated 10/6/04 (1 page)
Employer's First Report of Injury or Illness dated ___ (2 pages)
Review determination from UniMed Direct LLC dated 10/6/04 (1 page)
Texas Department of Insurance Complaint process instructions, undated (2 pages)
TWCC-69 Report of medical evaluation dated 9/23/04 (1 page)
Office visit report dated 9/23/04 (2 pages)
Letter from Dr. R dated 7/30/04 (1 page)
TWCC-69 Report of medical evaluation dated 6/30/04 (1 page)

Designated doctor report dated ?/26/04 (month illegible; 2 pages)
Letter from Dr. R dated 9/20/04 (1 page)
Review determination from UniMed Direct LLC dated 8/19/04 (1 page)
Review determination from UniMed Direct LLC dated 9/23/04 (1 page)
Case history notes, status as of 4/16/04, for dates 1/22/04 through 4/12/04 (1 page)
Letter from Dr. R dated 5/17/04 (1 page)
Letter from Tex-Tube dated 7/12/04 (1 page)
Patient's physical demands at work form dated 7/12/04 (2 pages)
Letter from Dr. R dated 6/4/04 (1 page)
Letter from Dr. R dated 4/27/04 (1 page)
Texas Workers Compensation work status report dated 4/6/04 (1 page)
Fax coversheet from Dr. A dated 4/26/04 (1 page)
Letter from Dr. R dated 4/6/04 (2 pages)
Request for reconsideration dated 3/24/04 (2 pages)
Letter from Dr. R dated 4/6/04 (2 pages)
Letter from Dr. R dated 5/5/04 (2 pages)
Letter from Dr. R dated 2/13/04 (2 pages)
Texas Workers Compensation work status report dated 2/23/04 (1 page)
Fax coversheet from Dr. R dated 1/19/04 (1 page)
Letter from Dr. R dated 1/16/04 (2 pages)
Daily patient's records dated 12/16/03 through 2/2/04 (19 pages)
Request for reconsideration dated 2/10/04 (2 page)
Letter from Dr. R dated 1/16/04 (2 pages)
Diagnostic radiology report dated ___ (1 page)
Letter from Dr. R dated 12/16/03 (2 pages)
Texas Workers Compensation work status report dated 2/13/04 (1 page)
Letter from Dr. R dated 2/6/04 (1 page)
Diagnostic radiology report dated 1/21/04 (2 pages)
Texas Workers Compensation work status report dated 12/16/03 (1 page)
Fax coversheet from Dr. A dated 12/22/03 (1 page)
Letter from Dr. R dated 12/16/03 (2 pages)
Review determination from UniMed Direct LLC dated 2/11/03 (2 pages)
Review determination from UniMed Direct LLC dated 3/22/04 (2 pages)
Letter from Corvel dated 3/24/04 (1 page)
Utilization review dated 3/21/04 (4 pages)
Utilization review dated 2/25/04 (1 page)
Letter from Corvel dated 3/24/04 (1 page)
Utilization review dated 3/21/04 (4 pages)
Review determination from UniMed Direct LLC dated 6/29/04 (2 pages)
Review determination from UniMed Direct LLC dated 6/17/04 (2 pages)
Review determination from UniMed Direct LLC dated 6/9/04 (2 pages)

Records Received from Dr. R

Fax coversheet from MRIOA dated 10/25/04 (1 page)
Prospective review (M2) request for additional external review case information dated 10/25/04 (1 page)
Request for reconsideration dated 10/12/04 (4 pages)
Request for reconsideration dated 9/29/04 (2 pages)
Review determination from UniMed Direct LLC dated 10/6/04 (1 page)
Review determination from UniMed Direct LLC dated 10/6/04 (1 page)
Review determination from UniMed Direct LLC dated 9/23/04 (1 page)
TWCC-69 Report of medical evaluation dated 6/30/04 (1 page)
Letter from Dr. L dated 6/30/04 (1 page)
Prescription for work hardening dated 9/2/04 (1 page)
Diagnostic report dated 1/21/04 (1 page)
Functional capacity evaluation letter dated 8/19/04 (2 pages)
Functional capacity evaluation narrative report and testing results dated 8/19/04 (35 pages)
Letter from Dr. H, PhD, undated (1 page)
Pain and imperilment relationship scale dated 6/14/04 (14 pages)

Summary of Treatment/Case History:

The patient, a 27-year-old male, was injured when a pipe hit him in the back on _____. He went to the chiropractor for evaluation and treatment, and he underwent a protracted course of care that included manipulation, physical therapy, and injections. The patient underwent a psychological evaluation on 6/14/04, and the report indicated the patient was psychologically sound and he had an injury depressed mood, as well as uneven abilities to manage his pain.

The employer sent the chiropractor a detailed description of the patient's job duties on 7/12/04. The job description indicated the employee occasionally lifted 0-10 lbs and he frequently lifted 11-25 lbs. He was not required to lift more than 25 lbs. The employee had to continuously carry 0-10 lbs and he was never required to carry more than 10 lbs. He was also required to occasionally push or pull 51-74 lbs.

The patient underwent a functional capacity evaluation on 8/19/04, and the report indicated he was able to push/pull 50 lbs, carry 45 lbs, overhead lift 35 lbs, shoulder lift 40 lbs, leg lift 40 lbs, and 12" leg lift 45 lbs. The patient was also able to static lift the following: arm lift = 87 lbs, high near lift = 142 lbs, high far lift = 99 lbs, leg lift = 223 lbs, torso lift = 178 lbs, push = 166 lbs, and pull = 194 lbs.

The patient underwent a designated doctor evaluation on 9/23/04, and he was certified at maximum medical improvement with 5% permanent impairment. A request for work hardening x 6 weeks was submitted by the chiropractor and denied on 9/23/04. The chiropractor filed two requests for reconsideration of the work hardening program.

Questions for Review:

1. Please address medical necessity only. Items in dispute: Please address prospective medical necessity of the proposed six weeks of work hardening, regarding the above-mentioned injured worker.

Explanation of Findings:

1. Please address medical necessity only. Items in dispute: Please address prospective medical necessity of the proposed six weeks of work hardening, regarding the above-mentioned injured worker.

The six week work hardening program is not medically necessary. A comparison of the patient's 7/12/04 job description as supplied by his employer describing his regular duty job with his 8/19/04 functional capacity evaluation results revealed that the patient was physically able to meet the demands of his job as described by the employer as of 8/19/04. Therefore, the patient does not meet the requirements for enrollment in a work hardening program, as he is already able to meet his job-required physical demands.

Conclusion/Decision to Not Certify:

The six week work hardening program is not medically necessary.

Applicable Clinical of Scientific Criteria or Guidelines Applied in Arriving at Decision:

Herniated Disc, In: North American Spine Society Phase III Clinical Guidelines for Multidisciplinary Spine Care Specialists, NASS 2000.

References Used in Support of Decision:

Beissner KL, Saunders RL, McManis BG. "Factors related to successful work hardening outcomes", Phys Ther 1996 Nov;76(11):1188-201

This review was provided by a Doctor of Chiropractic who is also a member of the American Chiropractic Academy of Neurology. This reviewer also holds a certification in Acupuncture. This reviewer has fulfilled both academic and clinical appointments and currently serves as an assistant professor at a state college, is in private practice and is a director of chiropractic services. This reviewer has previously served as a director, dean, instructor, assistant professor, and teaching assistant at a state college and was responsible for course studies consisting of clinical neurology, pediatric and geriatric diagnosis, palpation, adjusting, physical therapy, case management, and chiropractic principles. This reviewer is responsible for multiple postgraduate seminars on various topics relating to chiropractics and has authored numerous publications. This reviewer has participated in numerous related professional activities including work groups, committees, consulting, national healthcare advisory committees, seminars, National Chiropractic Coalition, media appearances, and industrial consulting. This reviewer has been in practice since 1986.

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

YOUR RIGHT TO REQUEST A HEARING

Either party to the medical dispute may disagree with all or part of this 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 receiving the TWCC chief Clerk of Proceedings within ten (10) days of your receipt of this decision as per 28 Texas 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 twenty (20) days of your receipt of this decision as per Texas Admin. Code 102.4 (h) or 102.5 (d). A request for hearing should be sent to:

Chief Clerk of Proceedings
Texas Workers' Compensation Commission
POB 40669
Austin, TX 78704-0012

A copy of this decision should be attached to the request. The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute

It is the policy of Medical Review Institute of America to keep the names of its reviewing physicians confidential. Accordingly, the identity of the reviewing physician will only be released as required by state or federal regulations. If release of the review to a third party, including an insured and/or provider, is necessary, all applicable state and federal regulations must be followed.

Medical Review Institute of America retains qualified independent physician reviewers and clinical advisors who perform peer case reviews as requested by MRIOA clients. These physician reviewers and clinical advisors are independent contractors who are credentialed in accordance with their particular specialties, the standards of the American Accreditation Health Care Commission (URAC), and/or other state and federal regulatory requirements.

The written opinions provided by MRIOA represent the opinions of the physician reviewers and clinical advisors who reviewed the case. These case review opinions are provided in good faith, based on the medical records and information submitted to MRIOA for review, the published scientific medical literature, and other relevant information such as that available through federal agencies, institutes and professional associations. Medical Review Institute of America assumes no liability for the opinions of its contracted physicians and/or clinician advisors. The health plan, organization or other party authorizing this case

review agrees to hold MRloA harmless for any and all claims which may arise as a result of this case review. The health plan, organization or other third party requesting or authorizing this review is responsible for policy interpretation and for the final determination made regarding coverage and/or eligibility for this case.

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CC: Requestor
Respondent