

MCMC

IRO Medical Dispute Resolution M2 Prospective Medical Necessity IRO Decision Notification Letter

Date: 1/28/2005
Injured Employee:
MDR #: M2-05-0419-01
TWCC #
MCMC Certification #: 5294

DETERMINATION: **Approve**

Requested Services:

Please address prospective medical necessity of the proposed work hardening program, regarding the above mentioned injured worker.

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 an M2 Prospective Medical Dispute Resolution on **12/3/2004** concerning the medical necessity of the above referenced requested service, hereby finds the following:

The requested additional work hardening sessions are medically necessary.

This decision is based on:

- TWCC Notification of IRO Assignment dated 12/3/04
- TWCC MR-117 dated 12/1/04
- TWCC-60 stamped received 11/17/04 3 pgs
- Texas Association of School Boards letters dated 11/3/04, 10/15/04; Preauthorization Decisions and Rationale memos dated 11/3/04, 10/15/04
- Forward Health Solutions Position Statement, Work Hardening Program dated 1/19/2005 12 pgs;
- Odessa Injury Rehabilitation: Prescreen dated 9/30/2004 5 pgs; ; Functional Capacity Testing Questionnaire and Informed Consent 5 pgs; Functional Capacity Testing results for 8/24/2004 23 pgs, 9/30/2004 11 pgs; Office Notes 8/24/2004 6 pgs
- Stonebridge: Initial Psych Evaluation dated 8/26/2004 4 pgs
- American Institute of Orthopaedic and Sports Medicine: Letter to Dr. H dated 5/4/2004 4 pgs
- Midland Imaging Center: MRI of left wrist, left shoulder dated 5/17/2004

The injured individual is a 37-year-old male with a date of injury (DOI) of _____. He subsequently underwent knee arthroscopy. Other injuries involved his left shoulder, wrist, back, and leg. These were treated with brace, crutches and chiropractic care. The injured individual attended 10 sessions of work hardening in 09/2004 with good

improvement in lifting capacity of floor to knee, knee to waist, and waist to shoulder. His current capacity after those 10 initial work hardening sessions was medium as was his job description according to the reviewer. A functional capacity examination (FCE) of 8/24/04, and subsequent interim report of 9/30/04 indicates the injured individual's job description is heavy. He was originally at light/medium and progressed up to medium/heavy after 10 work hardening sessions. He is lacking heavy capacity in both shoulder lifting and overhead carry. For these reasons, 10 more sessions of work hardening can address these deficits as he made good progress in other areas with the prior treatment in order to perform at his job level requirements.

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

The reviewing provider is a Boarded Anesthesiologist and certifies that no known conflict of interest exists between the reviewing **Anesthesiologist** and any of the treating providers or any providers who reviewed the case for determination prior to referral to the IRO.

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

28 day of January 2005.

Signature of IRO Employee: _____

Printed Name of IRO Employee: _____