



7600 Chevy Chase, Suite 400  
Austin, Texas 78752  
Phone: (512) 371-8100  
Fax: (800) 580-3123

## NOTICE OF INDEPENDENT REVIEW DECISION

**Date:** February 15, 2005

**Requester/ Respondent Address:** TWCC  
Attention: Gail Anderson  
7551 Metro Center Drive, Suite 100, MS-48  
Austin, TX 78744-1609

Forward Health Solutions  
Attn: Alicia Marquez  
Fax: 888-211-3808  
Phone: 956-451-3198

American Home Assurance Co c/o SRS  
Attn: Elise La Pierre  
Fax: 877-538-2248  
Phone: 972-807-4838

**RE: Injured Worker:**  
**MDR Tracking #:** M2-05-0598-01  
**IRO Certificate #:** 5242

Forté has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to Forté for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

Forté has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a Chiropractic reviewer who has an ADL certification. The physician reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians 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 this case.

### **Submitted by Requester:**

- Letter from the provider describing the rationale for the work hardening program
- Psychological evaluation

- MRI report of the lumbar spine
- Designated doctor report
- MRI report of the left wrist
- Doctor's reports
- Documentation from the hospital
- FCE report

**Submitted by Respondent:**

- FCE report
- Peer reviews
- Documentation from the treating provider
- Psychological evaluations
- Pre-authorization request for the work hardening program

**Clinical History**

According to the supplied documentation, the claimant was injured on \_\_\_ when he fell of the top of a trash compacter that was approximately 5-6 feet in the air and landed on his left wrist. The claimant was seen at the emergency room the following day where x-rays were taken and revealed a nondisplaced fracture of the distal radius (L). The claimant was seen by Dr. Jeffrey Moffet where his left hand and wrist were casted. He began chiropractic therapy on 7/12/04. The claimant was co-treated by Dr. Chavda who performed injections in his wrist and lumbar spine. On 9/30/04 the claimant underwent an MRI of the lumbar spine which revealed a 1mm bulge without any nerve root or thecal sac involvement. An MRI of the left wrist was also performed on 9/30/04 which revealed a questionably nondisplaced fracture. An FCE was performed on 11/4/04 which placed the claimant at a sedentary/light physical demand level. There are multiple documents from the provider as well as the carrier recording the dispute of the proposed work hardening program. The documentation ends here.

**Requested Service(s)**

Work hardening program

**Decision**

I agree with the carrier and find that the service in dispute is not medically necessary.

**Rationale/Basis for Decision**

According to the supplied documentation it appears the claimant sustained an injury to his lumbar spine as well as his wrist. MRI report states there is a 1mm disc bulge without any thecal sac or nerve root involvement. This would limit the injury to a healed fracture of the wrist, left, as well as a lumbar sprain/strain. The claimant is approximately 7 months post injury and should be able to return to work at some capacity. FCE report states the claimant is at a light physical demand level which is not supported clinically in the documentation supplied. The objective documentation does not correlate with the FCE. This is not considered enough objectively to

support a protocol as extensive as a work hardening program. Designated doctor report states that active therapies could help benefit the claimant, but the documentation did not support whether or not any active therapy program had been initiated. Documentation also does not support that any form of a home based exercise program has been initiated, which could also benefit the claimant and help him return to his pre-accident condition. Continued therapies that prevent the claimant from some form of work appear to be counter-productive and might be inhibiting the healing process. Work Hardening is not supported.

## **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) 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.

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 patient, the requestor, the insurance carrier, and TWCC via facsimile or U.S. Postal Service from the office of the IRO on this 15<sup>th</sup> day of February 2005.

Signature of IRO Employee:

Printed Name of IRO Employee: Denise Schroeder