MCMC

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

Date:	**3/16/05**
Injured Employee:	
Address:	
MDR #:	**M2-05-0930-01**
TWCC #:	
MCMC Certification #:	**5294**

REQUESTED SERVICES:
Please review the item in dispute regarding the prospective medical necessity of the proposed work conditioning five days per week for four weeks at eight hours a day.

DECISION: Upheld

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 2/11/05, concerning the medical necessity of the above referenced requested service, hereby finds the following:

The requested work conditioning program five days per week for four weeks is not certified as medically necessary.

CLINICAL HISTORY:
Records indicate that the above captioned injured individual, a 64-year-old-male, was allegedly injured during the normal course of his normal employment on ___.
The history reveals that he was allegedly hit from behind while operating a company vehicle. He initially reported complaints to the neck, shoulders, bilateral arms, and low back. Current complaints also include numbness and tingling in the left lower arm, left shoulder, let upper arm, left wrist and hand, right shoulder and lower arm. The injured worker is currently under the care of Dr. Coolbaugh, D.C. Current objective symptomatology includes decreased ranges of motion in the cervical spine, lumbar spine, left wrist, and right wrist. A physical performance evaluation dated 11/03/2004 revealed decreased functional abilities.

RATIONALE:
The medical necessity of the requested work conditioning program is not established within the documentation. The injured worker has received a substantial amount of care under the administration of the current attending provider (AP) for the treatment of multilevel sprain/strain and soft tissue injuries. Given the obvious amount of care attended, and the fact that the injuries are two years old, it could not be reasonably expected that an additional course of care as requested would yield additional therapeutic gain over what has already been observed.

The clinical expectations of the resolution of sprain/strain type injuries have been long exceeded. The documentation does not establish that there are special circumstances in this case or that there are complicating factors that could be reasonably expected to warrant a protracted course of care some twenty months post injury.

Also, the Physical Performance Evaluation (PPE) does not fully establish consistent examinee effort. The lifting portion of the exam is expected to produce a bell shaped curve to demonstrate consistent effort while lifting. The examination generally does not show the expected curve. While the coefficients of variation are within the expected limits, there are no physiological signs of consistent effort such as heart rate comparisons. As such, coupled with the equivocal graphed results, the reliability of effort is not established.

Furthermore, there are some components of the PPE that suggest a possible psychological component of the injured individual's exam results. This has not been fully investigated to ascertain if a possible psychosocial component would have a negative impact on the viability of the requested program.

Lastly, it appears that the injured individual has undergone a previous course of active rehab under the administration of the AP, as early as 09/2004, which would not be particularly unlike the active care included in the work conditioning program. The documentation does not indicate if the injured individual therapeutically benefited from the previous clinical course of active care, therefore the reasonable expectations for the injured individual's response are equivocal.

Given the issues raised in the above discussion, the medical necessity of the requested work conditioning program is not established.

RECORDS REVIEWED:
- TWCC Notification of IRO Assignment dated 2/11/05
- TWCC MR-117 dated 2/11/05
- TWCC-60 stamped received 2/3/05
- Flahive, Ogden and Latson: Letters dated 2/25/05, 2/8/05
- Corvel: Reviews dated 12/13/04, 12/29/04, Denial letter dated 2/3/05
- Plainview Chiropractic Clinic: Letter of necessity (undated); PPE results for DOS 11/3/04

- Coolbaugh Chiropractic & Rehab: Office Notes dated 12/22/04; Therapeutic Exercise notes dated 9/7/04 to 9/14/04

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.

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

16 day of March 2005.

Signature of IRO Employee: _____

Printed Name of IRO Employee:_____