

June 17, 2005

TEXAS WORKERS COMP. COMISSION
AUSTIN, TX 78744-1609

CLAIMANT: ___

EMPLOYEE: ___

POLICY: M2-05-1003-01

CLIENT TRACKING NUMBER: M2-05-1003-01 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:

From the State of Texas

Notification of IRO Assignment dated 2/24/05

Medical Dispute Resolution Request/Response dated 2/7/05

Table of disputed services

Review determination from The Hartford dated 1/11/05

Request for preauthorization dated 1/4/05

Review determination from The Hartford dated 12/16/04

From Quest Health Clinic and Rehab

Request for preauthorization dated 12/13/04

(continued)

Functional Capacity Evaluation dated 12/13/04

Administrative information

From Dr. Osborn

Administrative information

Summary of Treatment/Case History:

The employee apparently injured her left shoulder on ____ while working for Ball Corp. An FCE (12/2004) indicates she had surgery but the type of surgery (cuff repair versus decompression) and date are not mentioned. No other forms of treatment were mentioned. Her maximum lifts were 20 pounds for all categories. Her job requires a medium to heavy demand level according to the job requirements listed in the summary portion of the FCE. Most of her reported duties are in the medium level but pushing and pulling require a heavy demand level. The initial carrier reviewer recommended return to modified work with self directed home exercises. The second carrier reviewer stated "His job requires a light PDL, claimant is already capable of a medium PDL. Based on the documentation provided, objective and subjective findings this request is not medically reasonable and necessary."

Questions for Review:

1. Is work conditioning 5 days per week for 6 weeks (30 sessions) medically necessary?

Explanation of Findings:

No formal job description from the employer was included in this documentation. The most descriptive job requirements were from the FCE which listed her job as requiring a medium level except pushing/pulling which required a heavy level. The employee lifted a maximum of 20 pounds in all of her lifting and carrying results. According to the DOT, this is the light physical demand level. Her job requires the medium to heavy levels. Therefore, she does not meet the requirements to return to unrestricted work.

Conclusion/Decision to Certify:

1. Is work conditioning 5 days per week for 6 weeks (30 sessions) medically necessary?

No other therapy or treatment except the surgery was noted in any of the documentation. She does not meet the demands to return to unrestricted work. The request for work conditioning is medically necessary because her FCE results do not match her work demands and the care would be necessary to return her to unrestricted work.

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

Dictionary of Occupations Titles, Volume II, Fourth Editions, Revised 1991, pages 1012-1013.

References Used in Support of Decision:

Dictionary of Occupations Titles, Volume II, Fourth Editions, Revised 1991, pages 1012-1013.

This reviewer is a Doctor of Chiropractic and certified in Acupuncture. This reviewer is also a diplomate

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of the American Chiropractic Neurology Board. This reviewer has been in active practice since 1989. 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 received by 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

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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