

Parker Healthcare Management Organization, Inc.

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Certificate # 5301

May 23, 2005

ATTN: Program Administrator
Texas Workers Compensation Commission
Medical Dispute Resolution, MS-48
7551 Metro Center Drive, Suite 100
Austin, TX 78744
Delivered by fax: 512.804.4868

Notice of Determination

IRO CASE NUMBER: M2-05-1189-01
RE: Independent review for ____

The independent review for the patient named above has been completed.

- Parker Healthcare Management received notification of independent review on 3.17.05.
- Telephone request for provider records made on 3.22.05.
- Order for Records was issued on 4.22.05.
- The case was assigned to a reviewer on 5.9.05.
- The reviewer rendered a determination on 5.19.05.
- The Notice of Determination was sent on 5.23.05.

The findings of the independent review are as follows:

Summary of Clinical History

Ms. ____ has sustained two work related injuries while employed with the City of Dallas. The first date of injury was ____, which involved her left upper extremity. The most recent injury is dated on ____, which involves the right upper extremity. The patient has been put at MMI as of December 14, 2004

Questions for Review

Prospective medical necessity of the proposed work hardening 5 x 2 weeks

Determination

PHMO, Inc. has performed an independent review of the proposed care to determine if the adverse determination was appropriate. After review of all medical records received from both parties involved, the PHMO, Inc. physician reviewer has determined to **overturn the denial** of the proposed work hardening program, 5 x 2 weeks.

Clinical Rationale

The extent of injury was initially listed as a thumb contusion; however, the report from R. Frank Morrison, MD reveals a very clear mechanism of injury that explains the patient's complaints. He stated that the

patient had blunt trauma to the right wrist from reaching to the dashboard with force. This caused the fingernail to come off of her thumb and she received a cervical hyperextension injury that likely caused disk pathology. With the mechanism of injury in place and the FCE clearly demonstrating a lack of necessary functional capability, a brief trial period of work hardening for two weeks seems reasonable as a form of therapy. There are also no other noted offers of light duty and no other options for the patient in regards to offers to return back to work, so therefore tertiary rehabilitation would be a likely and necessary form of therapy. The IME done by Robert Ippolito, MD has significantly different findings from that of Dr. Morrison. Dr. Morrison's examination shows a clear mechanism of injury and there were objective electrodiagnostic studies that correlate with his physical examination. After review of the collective medical records available, it appears that the extent of injury was greater than a contusion, the patient could not perform her regular and required job duties. Tertiary care was supported and recommended by the treating doctor and by Dr. Thomas Harvard, D.O.

Clinical Criteria, Utilization Guidelines or other material referenced

Occupational Medicine Practice Guidelines, Second Edition.

The Medical Disability Advisor, Presley Reed MD

A Doctors Guide to Record Keeping, Utilization Management and Review, Gregg Fisher

The reviewer for this case is a doctor of chiropractic peer matched with the provider that rendered the care in dispute. The reviewer is engaged in the practice of chiropractic on a full-time basis.

The review was performed in accordance with Texas Insurance Code §21.58C and the rules of the Texas Workers Compensation Commission. In accordance with the act and the rules, the review is listed on the TWCC's list of approved providers, or has a temporary exemption. The review includes the determination and the clinical rationale to support the determination. Specific utilization review criteria or other treatment guidelines used in this review are referenced.

The reviewer signed a certification attesting that no known conflicts-of-interest exist between the reviewer and any of the providers or other parties associated with this case. The reviewer also attests that the review was performed without any bias for or against the patient, carrier, or other parties associated with this case.

Copies of this determination were faxed and mailed to the insurance carrier or URA, the provider, and the patient.

If our organization can be of any further assistance, please feel free to contact me.

Sincerely,

Meredith Thomas
Administrator

CC: Marsha Miller, DC
Attn: Amanda
972.557.8684

City of Dallas
Attn: Robert Josey
512. 346.2539

[Claimant]