

# MCMC

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

<b>Date:</b>	<b>5/31/05</b>
<b>Injured Employee:</b>	
<b>Address:</b>	
<b>MDR #:</b>	<b>M2-05-1503-01</b>
<b>TWCC #:</b>	
<b>MCMC Certification #:</b>	<b>5294</b>

### **REQUESTED SERVICES:**

Address the medical necessity of the proposed outpatient work hardening program 5 times per week for 6 weeks, regarding the above-mentioned injured worker.

### **DECISION: UPHELD**

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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 5/4/05, concerning the medical necessity of the above referenced requested service, hereby finds the following:

**The medical necessity for the application of work hardening as requested is not established.**

### **CLINICAL HISTORY:**

Records indicate that the above captioned individual, a 34-year old male, was allegedly involved in an occupational incident, sustaining injuries during the course of his employment on \_\_\_\_\_. It should be noted that the documentation indicates that a previous work-related incident was documented to have occurred in \_\_\_\_\_. Immediately following the current incident, the injured individual was hospitalized and received multiple surgeries to his bilateral upper extremities for the repair of multiple fractures. The injured individual has undergone as many as six surgeries in all, the last of which occurred on 12/10/2004, to remove bone fragments. The individual has apparently undergone a course of post-surgical rehabilitation, however there is no clear and legible documentation within the submitted clinical notations to indicate the individual's response to this particular course of rehabilitation. To date, the injured individual has undergone medication management, consultative referrals, multiple surgeries, chiropractic management, rehabilitative services and psychological services. It is documented that this injured individual has been attending psychosocial treatment for several months.

### **RATIONALE:**

It is well established that this injured individual continues to exhibit functional deficits as well as psychosocial issues that could be addressed in a work hardening setting. However, it is also apparent that this injured individual has undergone an extensive course of post-surgical rehab beginning on or shortly after 12/10/2004, the last apparent date of surgery. However, there is no documentation to clearly indicate what

level of response was documented during the course of post-surgical rehab. As such, the reasonable clinical expectations for the application of work hardening are not known. Furthermore, the documentation indicates that this injured individual has a possible medication dependence that should be dealt with prior to the application of work hardening.

**REFERENCES:**

References utilized in this review include but are not limited to:

1. The ACEOM Guidelines
2. Health Care Guidelines by Milliman and Robertson Volume 7
3. North American Spine Society Guidelines
4. Guidelines for Chiropractic Quality Assurance and Practice Parameters: Practice Parameters from the proceedings of the Mercy Center Consensus Conference
5. Agency for Health Care Policy and Research (AHCPR), Procedural Utilization Guidelines.

**RECORDS REVIEWED:**

- TWCC Notification of IRO Assignment
- TWCC MR-117
- TWCC-60
- Tiffany Baugher, MA: Request for Work Hardening Program dated 1/20/05
- Houston Injury Rehabilitation: Functional Capacity Evaluation dated 1/20/05; Follow-up Examination dated 5/12/05
- North Freeway Imaging: report of CT of R Elbow dated 10/22/04
- Harris County Hospital District: report of X-ray of L & R Elbows dated 5/21/04; report of X-ray of R Elbow dated 5/19/04, 5/17/04; report of X-ray of Chest dated 5/18/04, 5/17/04; report of CT of Pelvis with Contrast, Abdomen with Contrast, C-spine w/o contrast; Maxillofacial w/o contrast; Head w/o contrast dated 5/17/04; X-ray of Spine dated 5/17/04
- Ben Taub General Hospital: Operative Report dated 5/17/04, 5/19/04
- Howard Robt Bernstein, MD: Rx for Mobic dated 5/12/05
- Texas Mutual Insurance Co.: Case Summary dated 5/10/05; Non-authorization letters dated 2/11/05, 2/24/05
- Lone Star Orthopedics: Orthopedic Report dated 12/23/04, 11/11/04; Orthopedic Consult dated 9/16/04
- Patrick Randolph, Ph.D.: Request to Texas Mutual for 12 psychotherapy sessions dated 2/15/05; Psychological Assessment dated 1/19/04; Psychotherapy Progress Notes dated 1/26/05
- Caprock Medical Associates, PA: Office Note dated 1/10/05, 11/11/04, 10/15/04, 9/15/04, 8/18/04
- Covenant Health System: report of MRI scan of the Thoracocolumbar Spine dated 1/4/05, 12/8/04

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**

**31<sup>st</sup> day of May 2005.**

**Signature of IRO Employee:** \_\_\_\_\_

**Printed Name of IRO Employee:** \_\_\_\_\_