

MCMC

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

Date:	07/22/2005
Injured Employee:	
Address:	
MDR #:	M2-05-1811-01
TWCC #:	
MCMC Certification #:	5294

REQUESTED SERVICES:

Work conditioning (20 visits).

DECISION: Partial

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 07/22/2005, concerning the medical necessity of the above referenced requested service, hereby finds the following:

In regards to the requested 20 visits of work conditioning, the denial of 10 visits of work conditioning has been upheld, however, the denial of 10 visits of work conditioning has been reversed.

CLINICAL HISTORY:

The injured worker is a 72-year-old male with lumbar radicular pain after an injury in _____. The injured worker was an auto parts driver with a job description of medium to medium/heavy work. He had progressed in physical and occupational therapy, but continued to have some deficits after this was done. His FCE was done after therapy was completed and showed he was still not capable of returning to his old job. He is a candidate for work conditioning as he has goals yet to achieve, has worked for throughout at least part of his therapy and appears motivated to continue, and is not yet capable of returning to his original job description.

RATIONALE:

The injured worker is a 72-year-old male with a DOI of _____. The injured worker fell on his coccyx and experienced low back pain. He was treated with 19 physical therapy sessions until 11/29/2004 then occupational therapy from 12/30/2003 until 04/13/2005 at about 3 times per week.

He was off work at this time. His discharge from occupational therapy indicates he has some limitations in ROM with some pain but is overall much improved. It recommends a work conditioning program. MRI showed HNP L4/5, bone scan was negative. The occupational therapy notes indicate the injured worker improved in his activity tolerance. His pain decreased significantly.

An FCE of April 2005 noted he was capable of sedentary/light duty; His job was medium duty. His job description is that of a delivery driver of auto parts with lifting, bending, squatting, reaching. The MD saw him on 05/05/2005 and states his back pain has increased since his therapy had stopped. He has positive right SLR, spasms, tenderness. Work conditioning was recommended but denied as one reviewer felt the injured worker was not stabilized and continued to require treatment for his injury. Another review denied it as there was no evidence the injured individual was deconditioned and his job description was lacking.

An IME of 06/07/2005 found the injured worker not at MMI and recommended an EMG, ESIs, possible surgery. I feel an initial 10 sessions of work conditioning are necessary as the injured worker's FCE indicates deficits between his capability and his job description. He benefited from physical and occupational therapy while it was ongoing; he is older and may require more extensive rehabilitation; he appears eager to RTW as he was working for a time while in physical therapy after his injury.

RECORDS REVIEWED:

- TWCC Notification of IRO Assignment dated 06/17/05
- TWCC-60
- TWCC-69: Report of Medical Evaluation dated 06/07/05 and 11/19/04
- TWCC MR-117 dated 05/18/05
- TWCC-73: Status Reports dated 11/04/04 through 05/05/05
- Deborah Womack: Letters dated 06/28/05 (two letters) and 06/27/05
- MCMC llc: Notification letter dated 06/17/05
- Felipe Garcia, Jr., M.D.: Report dated 06/07/05
- Robert Myles, M.D.: Progress Reports dated 05/12/05, 05/05/05, 03/17/05
- Concerta: Letters dated 05/05/05 and 04/27/05 from Michele Erkitz
- Orthopedic Institute of Texas: Functional Capacity Evaluation dated 04/20/05
- Orthopedic Institute of Texas: Occupational Therapy – Spine Daily Progress Notes dated 02/28/05 through 04/13/05
- NHH Outpatient Imaging Center: Whole body scan dated 02/18/05, MRI lumbar spine dated 01/21/05
- Orthopedic Institute of Texas: Insurance Verifications dated 02/08/05, 12/22/04
- Handwritten chart notes from Dr. Myles' office dated 02/03/05 through 05/12/05
- Orthopedic Institute of Texas: Daily Treatment Record – Occupational and Physical Therapy dated 01/03/05 through 01/20/05
- Occupational Therapy Daily Progress Notes dated 12/30/04 and 12/29/04
- Robert Myles, M.D.: Initial Consultation dated 12/21/04
- Health Insurance Claim Form for services incurred 11/04/04
- Concerta: Transcription notes dated 10/25/04 through 11/29/04

The reviewing provider is Boarded in Anesthesiology and certifies that no known conflict of interest exists between the reviewing Anesthesiologist 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

22nd day of July 2005.

Signature of IRO Employee: _____

Printed Name of IRO Employee: _____