

# MCMC

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

<b>Date:</b>	<b>07/20/2005</b>
<b>Injured Employee:</b>	
<b>Address:</b>	
<b>MDR #:</b>	<b>M2-05-1815-01</b>
<b>TWCC #:</b>	
<b>MCMC Certification #:</b>	<b>5294</b>

### REQUESTED SERVICES:

Proposed 5 x week for 6 weeks - work hardening.

### 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 07/20/2005 concerning the medical necessity of the above referenced requested service, hereby finds the following:

The denial of work hardening is upheld.

### CLINICAL HISTORY:

This is a 39-year-old female injured individual with neck and right shoulder pain. MRI studies were negative for disc pathology or rotator cuff tear. She has had months of passive chiropractic manipulation but little in the way of active rehabilitation.

She has no documented psychological features which would hinder her recovery. Multiple IMEs and one FCE felt her job entailed light duty and she as capable of this. One other FCE stated her job was heavy duty but this does not seem accurate as her job description was provided by the company along with a light duty title and it entailed assembling seat belts which are by no means heavy. The injured individual is able to RTW in her light duty capacity which the FCE of 04/2005 quotes her as stating still exists.

### RATIONALE:

The injured individual is a 39 year-old female with a DOI of \_\_\_ due to repetitive movement. She has complained of neck and right shoulder/arm pain. She has been treated only with passive chiropractic care thus far. Cervical MRI was normal; shoulder MRI showed mild tendinopathy.

An occupational therapy (OT) evaluation in 02/2005 recommended active therapy to address some ROM and strength limitations. She had a few sessions of this. An IME of 02/2005 felt the subjective symptoms were not supported by objective findings and

that the injured individual had excessive passive treatment in the form of chiropractic care. It recommended a RTW as she worked at light duty.

Two more IMEs in 03/2005 felt she needed active rehabilitation but could return to her light duty job. An FCE of 03/31/2005 stated her job was heavy and she was functioning in a light duty capacity. However, An FCE of 04/04/2005 noted she was capable of light duty and her job was sedentary/light duty.

The work hardening is not necessary for multiple reasons. First, except for the one FCE of 03/2005, all other evaluations indicate the injured individual worked at light duty and she was now capable of returning to light duty. Second, she has not really had any active rehabilitation (active PT) other than a few OT sessions. Work hardening is not appropriate in light of the lack of active physical therapy trials. Finally, work hardening incorporates psychological counseling in addition to rehabilitation. This injured individual has no evidence of any psychological dysfunction as related to her injury or in general, so work hardening is not necessary.

#### **RECORDS REVIEWED:**

- TWCC Notification of IRO Assignment dated 06/26/05
- TWCC MR-117 dated 05/17/05
- TWCC-60
- TWCC-69: Report of Medical Evaluation
- TWCC-73: Work Status Reports dated 10/28/04 through 06/13/05
- MCMC llc: IRO Medical Dispute Resolution Prospective dated 07/12/05
- Flahive, Ogden & Latson: Letter from Scott Bouton dated 06/15/05
- Charles Osborn, D.C.: Office notes dated 06/13/05, 02/16/05, 11/24/04, 10/28/04
- MCMC llc: Notification letter dated 06/06/05
- Quest Health Clinic & Rehab: Request for Pre-Authorization dated 05/10/05
- Daryl Pate, D.C.: Office notes dated 05/02/05, 12/22/04
- The Hartford: Review Determination dated 04/06/05
- Functional Capacity Evaluation dated 04/04/05
- Greg Wattron, OTR: Functional Capacity Evaluation dated 03/31/05
- Robert Dana, D.C.: Letter dated 03/15/05
- Todd Ruland, D.C.: Letter dated 03/02/05 with attached test results dated 02/22/05
- Austin & Associates, L.L.C.: Comprehensive Medical Analysis from Christie McVay dated 02/15/05
- Casey Cochran, D.O.: Report dated 02/14/05
- Greg Wattron, OTR: Occupational Therapy Evaluation dated 02/09/05
- Metro Radiology Imaging, Inc.: Cervical spine MRI dated 12/16/04, right shoulder MRI dated 12/16/04
- Quest Health Clinic & Rehab: Handwritten letter from Olga Recept dated 12/07/04
- Jerry Houchin, D.O.: Reports dated 11/23/04, 11/16/04, 11/09/04, 11/02/04
- Wrist Range of Motion Test dated 11/22/04
- Shoulder Comparative Muscle Test dated 11/16/04
- Jerry Houchin, D.O.: Evaluation & Management reports dated 11/16/04, 11/09/04
- Shoulder Range of Motion Test dated 11/09/04
- Cervical Range of Motion Test dated 11/08/04

- The Hartford: Letter from Catherine Sheveland, RN dated 11/05/04
- Greg Wattron, OTR: Office notes dated 11/02/04 through 02/17/05
- Employer's First Report of Injury or Illness dated 10/28/04
- Lear Corporation: Undated Physical Demands Analysis

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**

**20<sup>th</sup> day of July 2005.**

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

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