

NOTICE OF INDEPENDENT REVIEW DECISION

August 9, 2005

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Requestor

Advantage Healthcare Systems
ATTN: Nick Kempisty
510 West Davis
Dallas, TX 75208

Respondent

Charter Oak Fire Ins. c/o Travelers
ATTN: Jeanne Schafer
Fax#: (512) 347-7870

RE: Injured Worker: _____
MDR Tracking #: M2-05-2030-01
IRO Certificate #: IRO4326

The Texas Medical Foundation (TMF) has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to TMF for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

TMF has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a matched peer with the treating health care professional. This case was reviewed by a health care professional licensed in Chiropractic Medicine. TMF's health care professional has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to TMF for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This 71 year-old female injured her neck, low back, left hip and bilateral knees on ____ when she slipped and fell on a wet floor. She has been treated with therapy.

Requested Service(s)

20 sessions of work hardening

Decision

It is determined there is no medical necessity for 20 sessions of work hardening to treat this patients medical condition.

Rationale/Basis for Decision

Medical record documentation indicates this patient has received physical medicine treatments and psychological sessions that consisted of self-help strategies, coping mechanisms, exercises and modalities that are inherent in and central to the proposed work hardening program. These treatments did not provide relief and enable her to return to her employment. Additionally, current medical literature states, "...there is no strong evidence for the effectiveness of supervised training as compared to home exercise. There is also no strong evidence for the effectiveness of multidisciplinary rehabilitation as compared to usual care."¹ Since this patient was unsuccessful in the previously attempted treatment and there is no medical documentation to indicate a change in the patient's medical condition, the 20 sessions of work hardening can not be deemed medically necessary to treat with patient's medical condition.

This decision by the IRO is deemed to be a TWCC decision and order.

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) calendar days of your receipt of this decision (28 Tex. Admin. Code 142.5 (c)).

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) calendar days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

This decision is deemed received by you 5 (five) days after it was mailed or the date of fax (28 Tex. Admin. Code 102.5(d)). A request for hearing and a **copy of this decision** must be sent to: Chief Clerk of Proceedings/Appeals Clerk, Texas Workers' Compensation Commission, P.O. Box 17787, Austin, Texas, 78744, Fax: 512-804-4011.

¹ Ostelo RW, de Vet HC, Waddell G, Kerchhoffs MR, Leffers P, van Tulder M, Rehabilitation following first-time lumbar disc surgery: a systematic review within the framework of the Cochrane collaboration. Spine. 2003 Feb 1;28(3):209-18.

M2-05-2030-01
Page 3

The party appealing this decision shall deliver a copy of its written request for a hearing to all other parties involved in this dispute.

Sincerely,

Gordon B. Strom, Jr., MD
Director of Medical Assessment

GBS:dm
Attachment

cc: _____, Injured Worker
Program Administrator, Medical Review Division, TWCC

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 9th day of August 2004.

Signature of IRO Employee:

Printed Name of IRO Employee: