

October 4, 2005

[Claimant]

VIA FACSIMILE

Insurance Company of the State of Pennsylvania

Attn: Annette Moffett

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M2-05-2310-01
TWCC #: ____
Injured Employee: ____
Requestor: ____
Respondent: Insurance Company of the State of P
MAXIMUS Case #: TW05-0185

MAXIMUS has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The MAXIMUS IRO Certificate Number is 5348. Texas Worker's Compensation Commission (TWCC) Rule §133.308 allows for a claimant or provider to request an independent review of a Carrier's adverse medical necessity determination. TWCC assigned the above-reference case to MAXIMUS for independent review in accordance with this Rule.

MAXIMUS has performed an independent review of the proposed care to determine whether or not the adverse determination was appropriate. Relevant medical records, documentation provided by the parties referenced above and other documentation and written information submitted regarding this appeal was reviewed during the performance of this independent review.

This case was reviewed by a practicing chiropractor on the MAXIMUS external review panel who is familiar with the with the condition and treatment options at issue in this appeal. The reviewer has met the requirements for the ADL of TWCC or has been approved as an exception to the ADL requirement. The MAXIMUS chiropractor reviewer signed a statement certifying that no known conflicts of interest exist between this chiropractor and any of the treating physicians or providers or any of the physicians or providers who reviewed this case for a determination prior to the referral to MAXIMUS for independent review. In addition, the MAXIMUS chiropractor reviewer certified that the review was performed without bias for or against any party in this case.

Clinical History

This case concerns a female who sustained a work related injury on _____. The patient reported that while using a torque wrench assembling circuit boards, the wrench slipped resulting in immediate pain to the right shoulder. Diagnoses include right shoulder impingement, mononeuritis of upper limb, calcifying tendonitis of the shoulder, enthesopathy and sprain of shoulder and upper arm. Treatment has included right shoulder decompression surgery, post surgical therapy, passive treatment, therapeutic exercise, work hardening, and individual counseling. Work conditioning (20 sessions) has been recommended for further treatment of this patient's condition.

Requested Services

Preauthorization for work conditioning X 20 sessions related to right shoulder.

Documents and/or information used by the reviewer to reach a decision:

Documents Submitted by Requestor:

1. Letter of Medical Necessity – 8/9/05
2. Therapy Order Form – 7/9/05
3. Office Record – 7/19/05
4. Physical Performance Evaluations – 5/4/05, 7/21/05
5. Operative Report – 1/26/05

Documents Submitted by Respondent:

1. Statement of Carrier's Position – 8/30/05, 9/9/05
2. Notice of Utilization Review – 7/15/05, 7/28/05
3. Notice of Intent to Issue An Adverse Determination – 7/14/05, 7/27/05

Decision

The Carrier's denial of authorization for the requested services is upheld.

Rationale/Basis for Decision

The MAXIMUS chiropractor consultant indicated the member had surgery on 1/26/05 to the right shoulder. The MAXIMUS chiropractor consultant noted she then completed 16-weeks of post-operative rehabilitation to the right shoulder. The MAXIMUS chiropractor consultant explained that her treating doctor recommended a work conditioning program to help her return to work. The MAXIMUS chiropractor consultant also indicated that according to the American Physical Therapy Association occupational health work conditioning and work hardening guidelines, a patient must have a job goal, demonstrate willingness to participate, and have systemic neuromusculoskeletal physical and functional deficits that interfere with work to be eligible for work conditioning. The MAXIMUS chiropractor consultant noted that a physical performance evaluation (PPE) was performed on 7/21/05 that showed the member was functioning at a light work category. The MAXIMUS chiropractor consultant indicated that the PPE report stated that the member did not give maximal effort during the static strength test. The MAXIMUS chiropractor consultant noted that this lack of effort was evidenced by the coefficient of variation that was reported above 15% and grip testing of the right hand (both maximal grip test and 5 positions). The MAXIMUS chiropractor consultant explained that while the member's range of motion was limited, his range of motion in the right shoulder was within functional limits. The MAXIMUS chiropractor consultant also indicated that the member qualified for high speed motor skills. The MAXIMUS chiropractor consultant noted there is no documentation to indicate that the member has physical or functional deficits that would have interfered with her return to work. Therefore, the MAXIMUS chiropractor consultant concluded that requested work conditioning X 20 sessions related to right shoulder are not medically necessary for treatment of this patient's condition. (American Physical Therapy Association Guidelines for Work Conditioning and Work Hardening.)

Your Right To Appeal

If you are unhappy with all or part of this decision, you have the right to appeal the decision. The decision of the Independent Review Organization is binding during the appeal process.

If you are disputing the decision (other than a spinal surgery prospective decision), the appeal must be made directly to a district court in Travis County (see Texas Labor Code §413.031). An appeal to District Court must be filed not later than 30 days after the date on which the decision that is the subject of the appeal is final and appealable. If you are disputing a spinal surgery prospective decision, a request for a hearing must be in writing and it must be received by the Division of Workers' Compensation, Chief Clerk of Proceedings, within ten (10) days of your receipt of this decision.

Sincerely,
MAXIMUS

Lisa Gebbie, MS, RN
State Appeals Department

cc: Texas Workers Compensation Commission

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 4th day of October 2005.

Signature of IRO Employee: _____
External Appeals Department