



CompPartners Final Report



CompPartners Peer Review Network
Physician Review Recommendation
Prepared for TDI/DWC

Claimant Name: _____
TWCC # : _____
MDR #: M2-05-2324-01
Social Security #: XXX-XX-_____
Treating Provider: Alfredo Sardinas, M.D.
Review: Chart
State: TX
Date Assigned: 9/12/05
Date Completed: 9/21/05
Amended Date: 9/22/05

Review Data:

- Notification of IRO Assignment dated 8/5/05, 1 page.
- Dr. Sardinas Schedule (date unspecified), 1 page.
- Receipt of Request dated 9/6/05, 1 page.
- Evaluation From Employer (date unspecified), 1 page.
- Job Placement Evaluation dated 8/19/05, 1 page.
- Physical Examination dated 8/19/05, 1 page.
- Drug Screen Form dated 8/19/05, 1 page.
- Follow-up Visit dated 8/23/05, 9/1/05, 6/14/05, 5/24/05, 4/21/05, 3/18/05, 3/3/05, 3 pages.
- Medical Dispute Resolution Request/Response dated 8/22/05, 1 page. (2 copies)
- Table of Disputed Services (date unspecified), 1 page.
- List of Treating Doctor's (date unspecified), 1 page.
- Updated list of Treating Doctor's (date unspecified), 1 page.
- Letter of Denial dated 6/28/05, 7/6/05, 7/21/05, 5 pages.
- Preauthorization Response (date unspecified), 1 page. (2 copies)
- Reconsideration of Request dated 7/13/05, 1 page.
- Job Description (date unspecified), 2 pages.
- Treatment Plan dated 6/9/05, 1 page.
- Health and Behavioral Assessment dated 6/16/05, 2 pages.
- Functional Capacity Evaluation (date unspecified), 19 pages.
- Right Hand MRI dated 3/11/05, 1 page.
- Operative Report dated 4/6/05, 1 page.
- Established Patient Evaluation dated 4/18/05, 1 page.
- Consultation dated 3/10/05, 2 pages.
- X-ray Interpretation dated 3/10/05, 1 page.
- Progress Report dated 3/1/05, 2 pages.

CORPORATE OFFICE
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- **Fax Cover Sheet dated 7/14/05, 1 page.**

Reason for Assignment by TDI/DWC: Determine the medical necessity for 30 sessions of work hardening.

Determination: **UPHELD** - previous denial for 30 sessions of work hardening.

Rationale:

Patient's age: 66 years

Gender: Male

Date of Injury: ____

Mechanism of Injury: While operating a floor-cleaning machine, it suddenly kicked back, causing him to hit the back of his hand against a trophy case.

Diagnoses: Complex open wound right hand.

The patient stated he was operating a floor-cleaning machine that suddenly kicked back, causing him to hit the back of his hand against the corner of a trophy case. The patient stopped working and went to the emergency room. X-rays were taken, and his hand was stitched, and he was referred to Dr. Sardinas who ordered the MRI. The patient was then referred to Dr. Hildreth on March 10, 2005 who suggested doing a surgical procedure. This procedure was performed on April 6, 2005. The surgery was a debridement of the right hand open wound at tenolysis of extensor digitorum communis and ring finger and tenolysis of extensor digitorum minimi tendon. Patient was then referred to physical therapy.

The patient had physical therapy from April 26, 2005 until May 20, 2005. The patient was referred for a Functional Capacity Evaluation (FCE) because he did not feel like he could do his job. The FCE was performed on June 22, 2005, and was somewhat illegible. He had been followed by Dr. Albert Sardinas since the time of his injury, and had surgery by Dr. Hildreth, a hand specialist.

Records reviewed were progress notes from Dr. Sardinas, initial evaluation notes from Dr. Hildreth, surgical procedure notes from Dr. Hildreth, a Functional Capacity Evaluation dated June 22, 2005, a job description from the Humble ISD, notes from the physical therapist at Long Point Medical Clinic, appeal letters stating the need for work hardening, documentation from the Texas Workman's Compensation commission, medical dispute resolution request.

The notes from the Functional Capacity Evaluation showed that this patient had a functional deficit. It stated that the patient believed that his job was a medium level. The job description indicated that occasionally, he had to do heavy PDL. At this time, he is performing at the light PDL according to the Functional Capacity Evaluation. From the Functional Capacity Evaluation, it did show that this patient did have a functional deficit. It showed him to be performing at the light level and his job required anywhere from the medium to heavy lifting, so there was functional deficit.

He also had a psychological evaluation that was done on June 16, 2005 and it indicated that the patient stated that he was experiencing some mild depression, restlessness and fear. There was no objective measure of depression or anxiety that would require any psychological intervention. Work hardening interventions normally consists of strenuous physical/occupational therapy, psychological assessment and treatment and vocational simulation and training.

While this person has a residual physical deficit, he does not need either the psychological or vocational therapy that is part of a work hardening program. An alternative that would be attractive would be a work conditioning program consisting of intense physical therapy 3 times per week for 3-4 weeks. This would be sufficient to achieve maximum medical improvement.

Guideline/Reference Used: Work Conditioning, Work Hardening and Functional Restoration, Cochran Review Data Base.

Physician Reviewers Specialty: Physical Medicine and Rehabilitation

Physician Reviewers Qualifications: Texas Licensed M.D, currently listed on the TDI/DWC ADL list.

CompPartners, Inc. hereby certifies that the reviewing physician or provider has certified 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 determination prior to referral to CompPartners, Inc.

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.

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