



Specialty Independent Review Organization, Inc.

June 22, 2005

TWCC Medical Dispute Resolution  
7551 Metro Center Suite 100  
Austin, TX 78744

Patient:  
TWCC #:  
MDR Tracking #: M2-05-1767-01  
IRO #: 5284

Specialty IRO has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to Specialty IRO for independent review in accordance with TWCC Rule 133.308, which allows for medical dispute resolution by an IRO.

Specialty IRO has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

This case was reviewed by a licensed Chiropractor. The reviewer is on the TWCC ADL. The Specialty IRO health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to Specialty IRO for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

#### CLINICAL HISTORY

According to the records reviewed, Ms. \_\_\_ was working for \_\_\_ when she was injured in a work related accident. Ms. \_\_\_ was working as a housekeeper when she was injured on \_\_\_. The patient was in the process of cleaning a bathroom when she slipped and fell causing injury to her right wrist and right hand. The patient was initially treated at Island Healthcare Center and was subsequently treated at the UTMB emergency room. Ms. \_\_\_ was later treated by Dr. Lozano. Dr. Lozano remains the treating doctor of Ms. \_\_\_ for the purpose of this review.

Records were received from the insurance carrier and from the treating provider.

Records included but were not limited to:

- Medial Dispute Resolution paperwork
- Pre-Auth Denial by Ramona Mason
- Memorial MRI & Diagnostic MRI of the right hand
- Memorial MRI & Diagnostic MRI of the right wrist
- Concentra Case Summary Report
- Records from South Texas Healthcare Center
- FCE by South Texas Healthcare Center
- Report from Dr. Tiongson
- Designated Doctor report by Dr. Sunkara

#### REQUESTED SERVICE

The item in dispute is the prospective medical necessity of a Work Conditioning program for 4 weeks.

#### DECISION

The reviewer disagrees with the previous adverse determination.

#### BASIS FOR THE DECISION

The basis for the determination is based upon the Medical Disability Advisor, Medical Fee Guidelines specific to Work Hardening, Industrial Rehabilitation-Techniques for Success, and Occupational Medicine Practice Guidelines. Specifically, a Work Conditioning program should be considered as a goal oriented, highly structured, individualized treatment program. The program should be for persons who are capable of attaining specific employment upon completion of the program and not have any other medical, psychological, or other condition that would prevent the participant from successfully participating in the program. The patient should also have specifically identifiable deficits or limitations in the work environment and have specific job related tasks and goals that the Work Conditioning program could address. Generic limitations of strength range of motion, etc. are not appropriate for Work Conditioning.

Ms. \_\_\_ had specific identifiable functional limitations due to her injury as noted in the patient's FCE. These limitations could be addressed and improved with a return to work program. It is also noted that Ms. \_\_\_ does have a specific job to return to and does has specific employment goals noted in the documentation. The patient is identified as a housekeeper and without a proper return to work program and reintegration into the workforce Ms. \_\_\_ could become permanently disabled and unable to return to the workforce as a contributing member of a society. The Concentra case summary report also reports "there is clear evidence of deconditioning based on review of FCE and job description that will prevent IW from presently

performing essential job functions.” Ms. \_\_\_ is also an elderly female which would be a complicating condition in her recovery from her work related injury. According to the records reviewed, Ms. \_\_\_ meets the appropriate criteria for an entrance into a return to work program and without psychological issues, the Work Conditioning program would be medically appropriate. Dr. Sunkara, as a Designated Doctor, also concurs after a personal evaluation of Ms. \_\_\_ and states that the patient is not at MMI and recommends a Work Hardening program.

Specialty IRO has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. Specialty IRO has made no determinations regarding benefits available under the injured employee’s policy. Specialty IRO believes it has made a reasonable attempt to obtain all medical records for this review and afforded the requestor, respondent and treating doctor an opportunity to provide additional information in a convenient and timely manner.

As an officer of Specialty IRO, Inc, dba Specialty IRO, I certify that there is no known conflict between the reviewer, Specialty IRO and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

Sincerely,

Wendy Perelli, CEO

### **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.

In the case of prospective ***spinal surgery*** decision, a request for a hearing must be made in writing and it must be received by the TWCC Chief Clerk of Proceedings within **10** days of your receipt of this decision. (20 Tex. Admin. Code 142.5(c)).

In the case of other ***prospective (preauthorization) medical necessity*** disputes 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 (28 Tex. Admin. Code 148.3).

This decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5(d). A request for a hearing should be sent to: Chief Clerk of Proceedings, Texas Worker’s Compensation Commission, P.O. Box 17787, Austin, TX 78744. The fax number is 512-804-4011. A copy of this decision should be attached to the request.

The party appealing this decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute, per TWCC rule 133.308(u)(2).

Sincerely,

Wendy Perelli, CEO

**I hereby certify, in accordance with TWCC Rule 102.4 (h), that a copy of this Independent Review Organization decision was sent to the carrier, requestor, claimant (and/or the claimant's representative) and the TWCC via facsimile, U.S. Postal Service or both on this 23<sup>rd</sup> day of June 2005**

**Signature of Specialty IRO Representative:**

**Name of Specialty IRO Representative:      Wendy Perelli**