



Specialty Independent Review Organization, Inc.

August 4, 2005

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

Patient:
TWCC #:
MDR Tracking #: M2-05-2089-01
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 Doctor of Osteopathy with a specialty in Orthopedics. 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

This 36-year-old male was working at _____ that included heavy work in construction. While at work on _____ the patient fell from a cat walk 3-4 feet high onto his left side, injuring his left shoulder, left knee, and low back. The patient continues to have pain in his left low back and left buttocks.

The physical examination on 06/23/2005 reveals: No limitation of motion in the left shoulder. There is an occasional popping in the left shoulder. Examination of lumbar spine reveals: Tenderness in the left musculature, no restricted range of motion, deep tendon reflexes are equal, Laseque Test is negative in the sitting position, but in the supine position the straight leg raise was positive on the left at 60 degrees.

Treatment has included chiropractic treatments, water therapy, massage, and exercises for the shoulder and back.

MRI of 03/31/2005 revealed a small to moderate PNP at T12-L1, a small PNP at L5-S1, and mild neural foraminal narrowing from L1 through S1. The MRI on the same date of the cervical spine showed posterior osteophyte at C5-6. The MRI of the same date of the left knee revealed a possible lateral collateral ligament strain. The EMG of 04/13/2005 was unremarkable.

Records Reviewed:

Texas Mutual Letters – 5/16 and 5/24/2005.

Records from Facility:

Texas Mutual Letter – 7/27/2005.

J Quintanilla MD Report – 2/24/2005.

Additional Records from Carrier:

TWCC Eval Report – 6/27/2005.

B Perron MD Report – 6/23/2005.

P Garcia MD Reports – 3/2/2005 through 5/13/2005.

FCE – 4/27/2005 .

Texscan MRI Report – 3/31/2005.

Texas Neurodiagnostic EMG – 4/13/2005.

REQUESTED SERVICE

The item in dispute is the prospective medical necessity of 6 weeks of a work hardening program.

DECISION

The reviewer disagrees with the previous adverse determination.

BASIS FOR THE DECISION

The Guidelines for Work Hardening include: A targeted job plan for return to work, demonstrates a willingness to participate, identified physical, functional behavioral and vocational deficits that interfere with work, and be at a point of resolution. These are the requirements for the patient. The work hardening program addresses the physical, functional, behavioral, vocational needs within a multidisciplinary model, requires work hardening examination and evaluation, utilizes real or simulated work activities, and provides multi-hour sessions up to 8 hours a day, 5 days a week, for 6 weeks. This patient fits the criteria.

American Physical Therapy Association, Work Hardening/Conditioning Guidelines, pp 140-144, 2005.

Stude D: Spinal Rehabilitation.

Brotzman & Wilk: Clinical Orthopedic Rehabilitation, 2nd Edition.

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 5th day of August 2005

Signature of Specialty IRO Representative:

Name of Specialty IRO Representative: Wendy Perelli