



Specialty Independent Review Organization, Inc.

September 29, 2005

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

Patient:
TWCC #:
MDR Tracking #: M2-05-2289-01
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

Mr. ___ was injured in a work related accident on ___ while working for _____. According to the records, the patient injured his lower back when he was loading furniture into a truck. The patient initially had pain in his lower back with a tingling and numbness down the left leg. The patient presented to Chiro-Med on 2-1-2005. The patient was referred for an MRI of the lumbar spine showing disc lesions. An NCV/EMG was performed and was positive for left lower extremity radiculopathy. The patient was referred to an orthopedic surgeon, who recommended ESI's. Surgical intervention was also recommended for the patient, but the patient denied surgical intervention and a request for work hardening was made.

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

Records included but were not limited to:
Medial Dispute Resolution paperwork
Review Determination from The Hartford
Review Determination from SRS
Analysis from Chiro-Med Clinic
Lumbar MRI from Mana MRI
DD report from Dr. Grossman on 8-9-2005 with a 10% IR
Letter from Flahive, Ogden & Latson
Records from Dr. Lai
Report from Fort Bend Neurology
Reports from Dr. Miller
Records from Dr. Oriahi
Preauthorization request form Injury Center of Houston
Report from Mobile Kinetics
Report from Healthpartners

REQUESTED SERVICE

The item in dispute is the prospective medical necessity of 30 sessions of work hardening.

DECISION

The reviewer agrees 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 Hardening 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 Hardening program could address. Generic limitations of strength range of motion, etc. are not appropriate for Work Hardening.

Although the patient showed limitations in the FCE performed on 7-22-2005, the patient was unable to complete the high near and high far static NIOSH lift task testing due to his pain levels. If the patient is unable to complete the test for entrance into a work hardening program, there is no reason to assume that the patient will be able to participate in the program without the pain limiting his participation. If the pain is limiting the patient from performing the FCE, the pain will also limit the patient from performing the activities of the work hardening program. In

addition there is a notation in the psychological interview that the patient “realizes that {he} will not be a good candidate to return to his same job and the responsibilities of lifting heavy furniture.” This does not meet the entrance criteria of a work hardening program in that the patient should have specific attainable employment upon completion of the work hardening program whereas work conditioning, according to the APTA and Industrial Rehabilitation, is a program to restore the patient’s ability so the patient can return to work. In addition according to Industrial Rehabilitation, a maximum trial period of two week duration should be utilized for patients who may benefit from the work hardening program but do not meet all of the entrance criteria. This is not to say that Mr. ___ does not need additional care or that he does not have a significant injury to his lumbar region, only that work hardening for 30 sessions cannot be supported in this case.

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 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,

Wendy Perelli, CEO

I hereby certify, in accordance with TDI-DWC 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 DWC via facsimile, U.S. Postal Service or both on this 29th day of September 2005

Signature of Specialty IRO Representative:

Name of Specialty IRO Representative: Wendy Perelli