



Specialty Independent Review Organization, Inc.

February 22, 2006

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

Patient: ____
DWC #: ____
MDR Tracking #: M2-06-0637-01
IRO #: 5284

Specialty IRO has been certified by the Texas Department of Insurance as an Independent Review Organization. The TDI-Division of Workers' Compensation has assigned this case to Specialty IRO for independent review in accordance with DWC 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 DWC 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 injured on ____ while working as a janitor form Masterplan Enterprise. The injured employee was standing on a ladder and cleaning windows when she lost her balance and fell from the ladder. She fell and landed primarily on her left hand. As result of the fall, she suffered fractures to the left hand and the left arm. Ms. ____ was initially seen at the Twelve Oaks Medical center emergency room and was stabilized. She later presented to Pain & Recovery Clinic for management of her injuries on August 7, 2004. The injured employee was later referred to Dr. Jarolimek for surgery to the left wrist in July of 2004. The patient underwent a 6-week work hardening program in January of 2005. The patient was seen for MMI and IR in April of 2005 and received a 17% impairment. Later in August of 2005,

the injured employee underwent another surgery to the wrist by Dr. Jarolimek. The request for this review is the consideration of a work conditioning program of 20 sessions that was requested in December of 2005. .

RECORDS REVIEWED

Medial Dispute Resolution paperwork
Report from Denise Turboff
Records from Pain & Recovery Clinic
Report from Gulf Coast Functional Testing
Operative Reports from Dr. Jarolimek
Reports from Texas Mutual

REQUESTED SERVICE

The item in dispute is the prospective medical necessity of a work conditioning program times 20 sessions.

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 Conditioning, 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 using real or simulated work activities in conjunction with conditioning tasks. 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 a return to work program. Although the patient had limitations identified in the FCE, these limitations are not specific to the work place or job functions. It should also be noted that there is a question as to whether or not the patient has a job to return to. The patient stated that to the best of her knowledge she has a job to return to but there is some question in the fact that a year and a half after the injured employee's injury, the employee and the provider should know definitively whether or not there is specific attainable employment to return to. In addition, the patient previously underwent a work hardening

program but there is no notation or record if the patient ever attempted to return to work after the first return to work program. It should also be noted that the patient was previously placed at MMI with an impairment rating in April of 2005. This is not to say that the patient will not need or is not entitled to additional care, but just that the services requested are not deemed necessary.

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 the reviewing provider has no known conflicts of interest between that provider and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent, or any of the treating doctors or insurance carrier health care providers who reviewed the case for decision before referral to the IRO.

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 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 Division via facsimile, U.S. Postal Service or both on this 22nd day of February 2006

Signature of Specialty IRO Representative:

Name of Specialty IRO Representative: Wendy Perelli