

# MCMC

## IRO Medical Dispute Resolution M2 Prospective Medical Necessity IRO Decision Notification Letter

<b>Date:</b>	<b>05/10/2006</b>
<b>Injured Employee:</b>	
<b>Address:</b>	
<b>MDR #:</b>	<b>M2-06-0965-01</b>
<b>DWC #:</b>	
<b>MCMC Certification #:</b>	<b>IRO 5294</b>

### REQUESTED SERVICES:

Please review the item(s) in dispute: Pre-authorization denied for ten sessions of work hardening.

### DECISION: Upheld

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IRO MCMCllc (MCMC) has been certified by the Texas Department of Insurance as an Independent Review Organization (IRO) to render a recommendation regarding the medical necessity of the above disputed service.

Please be advised that a MCMC Physician Advisor has determined that your request for an M2 Prospective Medical Dispute Resolution on 05/10/2006, concerning the medical necessity of the above referenced requested service, hereby finds the following:

Deny request for ten sessions of work hardening as not medically necessary.

### CLINICAL HISTORY:

The injured individual is a 35 year old female with date of injury \_\_\_\_\_ in which she injured her right elbow. She had physical therapy (PT) then an ulnar release in 06/2005. She was noted to have ongoing weak grip in the right hand in 12/2005 by her Independent Medical Exam (IME) despite two postoperative steroid injections, 50 PT sessions, acupuncture, and biofeedback sessions. She and was referred to work hardening and had ten sessions in 12/2005. Her orthopedic surgeon wrote on 01/9/2006 that work hardening and all prior treatment failed. She then had repeat elbow surgery on 02/07/2006 and PT was recommended on 03/15/2006 due to limited range of motion (ROM). Her job was assembly line and was rated light/medium. Ten additional sessions of work hardening have been requested since the end of December 2005. Her initial lifting ability, prior to beginning the program was ten pounds and her pain score was 7/10. Her lifting ability after five sessions was the same as was her pain score. After ten sessions, her pain score was still 7/10 and her lifting ability was five to nine pounds per her Physical Performance Exam but the physician's letter of appeal for more work hardening states she can lift

up to thirteen pounds. He does state her pain scores remain 7/10. The injured individual made no progress after ten sessions of work hardening per her orthopedic surgeon and her evaluations. Also, she required more surgery after it. It is not necessary to authorize any further work hardening, as the injured individual did not benefit from it before and may still be in postoperative PT from her second surgery.

**REFERENCE:**

Bonica's Management of Pain third edition copyright 2000.

**RATIONALE:**

The injured individual is a 35 year old female with a right elbow injury which led to surgery in 06/2005. Despite months of physical therapy (PT), acupuncture, steroid injections, and biofeedback, she continued to complain of pain 7/10 and was noted to have functional deficits. She could only lift ten pounds and her goal was thirty five pounds. The injured individual had ten work hardening sessions ending at the end of December 2005. The performance evaluation states she is lifting not even ten pounds and her pain is 7/10. Further Work hardening was denied. In his appeal letter, her physician stated she was lifting thirteen pounds with pain scores still 7/10. Her orthopedic surgeon in 01/2006 wrote that all treatment had failed including work hardening. It does not appear that the injured individual benefited from the ten work hardening sessions as her functional ability and pain scores were essentially unchanged. Also, she went on to have further elbow surgery in 02/2006 and began PT in 03/2006.

**RECORDS REVIEWED:**

- Notification of IRO Assignment dated 03/22/06
- MR-117 dated 03/22/06
- DWC-60
- DWC-69: Report of Medical Evaluation dated 12/12/05
- MCMC: IRO Medical Dispute Resolution Prospective dated 04/24/06
- MCMC: IRO Acknowledgment and Invoice Notification Letter dated 03/22/06
- Fort Worth Healthcare Systems: Letter dated 04/26/06 from Nick Kempisty, Chief Compliance Officer
- Texas Mutual: Letter dated 04/12/06 from LaTreace Giles, R.N.
- Arkansas Pioneer Chiropractic: S.O.A.P. Note dated 03/17/06 from Kevin Davis, Chiropractor
- Orthopedic Surgery Pavilion: Operative Note dated 02/07/06 from Gurpreet Singh Bajaj, M.D.
- North Texas Bone & Joint: Post Op Visit note (handwritten) dated 02/07/06
- Texas Mutual: Letter dated 01/24/06 from Donna Daniel, R.N.
- Gurpreet Singh Bajaj, M.D.: Clinic Notes dated 01/09/06, 06/20/05
- Ristech: Letter dated 01/06/06
- Daily Program Progress and Symptom Reports (handwritten) dated 01/03/06, 12/21/05, 12/20/05, 12/19/05, 12/14/05, 12/15/05, 12/13/05, 01/04/05

- Daily therapy notes dated 01/03/06, 12/29/05, 12/19/05, 12/15/05, 12/13/05 (first column Cardio Vascular)
- Multidisciplinary Pain Management Program: Psychology Progress Note, Group Therapy (handwritten) dated 01/03/06, 12/29/05, 12/19/05, 12/13/05
- Fort Worth Healthcare Systems: Letter dated 12/30/05 from Sara Schmidt, D.C.
- Interdisciplinary Pain Rehabilitation Program Daily Progress Note (handwritten) dated 12/29/05
- Fort Worth Healthcare Systems: Physical Performance Exam dated 12/21/05 from Sara Schmidt, DC
- Advantage Healthcare Systems: Work Conditioning/Hardening Weekly Progress Notes dated 12/19/05, 12/13/05
- Patient Job Description for Assembly dated 12/13/05
- Grapevine Medical & Surgical Center: Report of Independent Medical Evaluation dated 12/12/05 from Carleo Capili, M.D.
- Fort Worth Healthcare Systems: Letter dated 11/09/05 from George Esterly, LPC
- Fort Worth Healthcare Systems: Functional Capacity Exam dated 11/02/05 from Gerri Souder, DC
- Treatment Summary dated 10/25/05
- Advantage Healthcare Systems: Relaxation, Breathing, and Temperature Therapy Session notes dated 10/25/05, 10/17/05, 10/13/05, 10/11/05, 10/10/05, 10/07/05
- Mental and Behavioral Health Consultation & Progress Notes dated 10/18/05, 10/10/05, 10/04/05, 09/27/05
- Autogenic Script for Thermal Biofeedback Training dated 10/04/05
- Autogenic Script for Thermal Bopfeedback Training dated 09/27/05
- Fort Worth Healthcare Systems: Evaluation dated 09/08/05 from Jana Downum, LPC
- Arkansas Pioneer Chiropractic: Initial Examination dated 08/22/05 from Kee Fedak, Chiropractor
- Mid-cities Neuro Lab: Report dated 08/09/05
- North Texas Bone & Joint: Prescription note (handwritten) dated 07/11/05
- Orthopedic Surgery Pavilion: Operative Note dated 06/07/05 from Gurpreet Singh Bajaj, M.D.
- Clifford C. Ferrell, M.S., D.O.: Patient Assessment Evaluations dated 04/25/05, 01/20/05
- Neuro-Selective CPT Laboratory Report dated 02/02/05
- Fort Worth Healthcare Systems: Request for An Appeal dated 01/15/05
- Midwest Radiology Consultants: X-ray Report dated 01/11/05

The reviewing provider is a **Licensed/Boarded Pain Management/Anesthesiologist** and certifies that no known conflict of interest exists between the reviewing **Pain Management/Anesthesiologist** 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 prior to referral to the IRO. The reviewing physician is on DWC's Approved Doctor List.

### **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.

This decision is deemed received by you 5 (five) days after it was mailed (28Tex.Admin. Code 102.4(h)(2) or 102.5(d)). A request for a hearing **and a copy of this decision** should be sent to:

Chief Clerk of Proceedings / Appeals Clerk  
Texas Department of Insurance Division of Workers' Compensation  
P.O. Box 17787  
Austin, Texas, 78744  
Fax: 512-804-4011

The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute.

**In accordance with commission rule 102.4(h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U. S. Postal Service from the office of the IRO on this**

**10th day of MAY 2006.**

**Signature of IRO Employee:** \_\_\_\_\_

**Printed Name of IRO Employee:** Beth Cucchi