

NOTICE OF INDEPENDENT REVIEW DECISION

May 11, 2006

Bridgepoint I, Suite 300
5918 West Courtyard Drive • Austin, TX 78730-5036
Phone 512-329-6610 • Fax 512-327-7159 • www.tmf.org

Requestor

San Antonio Spine & Rehab
ATTN: Stephanie Almendarez
1313 SE Military Drive, Ste 107
San Antonio, TX 78214

Respondent

American Home Assurance c/o ARCMCI
ATTN: Raina Robinson
P.O. Box 115114
Carrollton, TX 75011-5114

RE: Claim #:
Injured Worker:
MDR Tracking #: M2-06-1169-01
IRO Certificate #: IRO4326

TMF Health Quality Institute (TMF) has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Division of Workers' Compensation (DWC) has assigned the above referenced case to TMF for independent review in accordance with DWC Rule §133.308 which allows for medical dispute resolution by an IRO.

TMF has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a matched peer with the treating health care professional. This case was reviewed by a health care professional licensed in Chiropractic Medicine. The TMF physician reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and the provider, 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. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This patient sustained a work related injury on ____ when she fell down a ladder and shielded her face with her left hand. She was placed in a splint and released to return to work on modified duty of no lifting, carrying, pulling or overhead work over 5 pounds and to use a splint. An MRI revealed no evidence of internal derangement and possible small ganglion located along the volar aspect of the radiocarpal joint which is located deep to the flexor tendons. She received 6 sessions of physical therapy and released to a home program.

Requested Service(s)

12 sessions of physical therapy (97110, 97140, 97032, 97035) for 3 times a week for 4 weeks

Decision

It is determined that the 12 sessions of physical therapy (97110, 97140, 97032, 97035) for 3 times a week for 4 weeks is medically necessary to treat this patient's condition.

Rationale/Basis for Decision

The medical record documentation indicates that the patient was inappropriately performing her home exercise program and had caused an increase of her symptoms. The patient has had documented ongoing problems for an extended period of time and her condition remains. The documentation does not indicate that she received sufficient therapy or rehabilitation for her injured wrist. She only received 6 visits and was released to a home program with no way of confirming she was performing her home exercise program correctly. Other treatment consisted of injections times 3, wearing a splint, and anti-inflammatory medication. Therefore, 12 sessions of physical therapy (97110, 97140, 97032, and 97035) for 3 times a week for 4 weeks are medically necessary.

This decision by the IRO is deemed to be a DWC decision and order.

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 or the date of fax (28 Tex. Admin. Code 102.5(d)). A request for hearing and a **copy of this decision** must 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.

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

Sincerely,

A handwritten signature in black ink, appearing to read "Gordon B. Strom, Jr.", written in a cursive style.

Gordon B. Strom, Jr., MD
Director of Medical Assessment

GBS:dm

Attachment

cc: Injured Worker
Program Administrator, Medical Review Division, DWC

In accordance with division 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 11th day of May 2006.

Signature of IRO Employee:

Printed Name of IRO Employee:

Information Submitted to TMF for Review

Patient Name:

Tracking #: M2-06-1169-01

Information Submitted by Requestor:

- Evaluations by San Antonio Spine and Rehab
- Table of Disputed Services
- Medical Dispute Resolution for Physical Therapy
- Decision Letters
- Pre-Authorization Requests
- Electrodiagnostic Examination Results
- Reconsideration for Physical Therapy

Information Submitted by Respondent:

- Independent Review Organization Summary
- Notice of Disputed Issue(s) and Refusal to Pay Benefits
- Evaluation by Alamo City Medical Group
- Letters from Dr. Lyday
- Notes from Dr. Lyday
- Report of MRI of the left wrist
- Report of Nerve Conduction Study
- Evaluations by San Antonio Spine and Rehab
- Psychological Evaluation
- Physical Performance Evaluation
- Medical Dispute Resolution for Physical Therapy
- History and Physical and Physician pre-operative Orders from Alamo Heights Surgery Center
- Physical Therapy Notes