


INDEPENDENT REVIEW INCORPORATED

June 14, 2006

Re: MDR #: M2 06 1241 01 Injured Employee: ___
DWC #: ___ DOI: ___
IRO Cert. #: 5055 SS#: ___

TRANSMITTED VIA FAX TO:

TDI, Division of Workers' Compensation

Attention: ___

Medical Dispute Resolution

Fax: (512) 804-4868

RESPONDENT: Dallas National Insurance

REQUESTOR: Michael Wolford, DC

TREATING DOCTOR: Michael Wolford, DC

In accordance with the requirement for DWC to randomly assign cases to IROs, DWC assigned this case to IRI for an independent review. IRI has performed an independent review of the medical records to determine medical necessity. In performing this review, IRI reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

I am the office manager of Independent Review, Inc. and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him 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 Independent Review Organization. Information and medical records pertinent to this medical dispute were requested from the Requestor and every named provider of care, as well as from the Respondent. The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a Doctor of Chiropractic who is in his 15th year of practice and is currently listed on the DWC Approved Doctor List.

We are simultaneously forwarding copies of this report to the payor and the TDI, Division of Workers' Compensation. This decision by Independent Review, Inc. is deemed to be a DWC decision and order.

P.O. Box 855
Sulphur Springs, TX 75483
903.488.2329 * 903.642.0064 (fax)

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.

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 June 14, 2006.

Sincerely,



Jeff Cunningham, DC
Office Manager

**REVIEWER'S REPORT
M2 06 1241 01**

Information Provided for Review:

1. DWC Assignment
2. Treating Doctor Records
3. Requestor Records

Clinical History:

This patient was working as a welder helper when he was injured in his right shoulder, elbow, back and head when a 300 pound heavy welding plate fell on top of him. He reported an immediate onset of pain, as one would expect, and described it as pain and burning with weakness and numbness. He went to the ER for care and later began rehabilitation treatments. MRI of the lumbar spine was negative, but the shoulder MRI indicated that there was a partial supraspinatus tendon tear with a bone contusion.

Disputed Services:

The carrier has denied the medical necessity of work hardening for 30 sessions.

Decision:

I DISAGREE WITH THE DETERMINATION MADE BY THE UTILIZATION REVIEW AGENT ON THIS CASE.

Rationale:

This patient does indeed have a need for work hardening due to the severity of the injuries he had. Clearly the shoulder is in need of advanced treatment due to the tear and the lumbar spine was also demonstrated as being weak on the FCE. The FCE does seem to be valid and credible and the patient seemed to give a good effort in his evaluation process. I would recommend the full work hardening program for this patient.

Screening Criteria:

North American Spine Society Guidelines

