

# MEDICAL REVIEW OF TEXAS

[IRO #5259]

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## NOTICE OF INDEPENDENT REVIEW DETERMINATION

TDI-WC Case Number:	
MDR Tracking Number:	M2-06-1260-01
Name of Patient: _____	
Name of URA/Payer:	Texas Council Risk Management Fund
Name of Provider: (ER, Hospital, or Other Facility)	
Name of Physician:	Howard Hornsby, DC
(Treating or Requesting)	

June 19, 2006

An independent review of the above-referenced case has been completed by a chiropractic doctor. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by Texas Medical Foundation, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

Medical Review of Texas (MRT) hereby certifies that the reviewing physician is on the Division of Workers' Compensation Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to MRT.

Sincerely,

Michael S. Lifshen, MD  
Medical Director

cc: \_\_\_\_\_  
Royce Bicklein  
Howard Hornsby, DC  
Division of Workers' Compensation

#### DOCUMENTS REVIEWED

1. Correspondence, examination reports and treatment notes from the provider
2. Correspondence from the claimant's legal counsel
3. Correspondence from the claimant
4. Correspondence, examination reports and treatment notes from Cynthia Rutledge, D.O.
5. Correspondence, examination reports and treatment notes from Joseph Oie, M.D.
6. Report from Home Health Nurse Kaye Richardson, R.N.
7. Correspondence and treatment notes from the Dora Roberts Rehabilitation Center
8. Carrier Reviews
9. RSDA articles and survey
10. FCE Report

#### CLINICAL HISTORY

The claimant has undergone physical medicine treatments, medication, left stellate ganglion blocks, peripheral nerve blocks, Botox injections, psychological sessions after sustaining injury at work on \_\_\_\_.

She has been diagnosed with Reflex Sympathetic Dystrophy Syndrome/Complex Regional Pain Syndrome (RSD/CRPS) and has her left leg and foot turned in and a left claw hand configuration.

#### REQUESTED SERVICE(S)

Preauthorization for home healthcare nurse attendant, walk in shower and physical therapy to include water therapy, stretching exercises, paraffin wax, massage and hot packs.

## DECISION

Approved.

## RATIONALE/BASIS FOR DECISION

Based on the unanimous and detailed examinations/ reports/opinions of Cynthia Rutledge, D.O., Joseph Oie, M.D., Kaye Richardson, R.N. and the provider, there is more than adequate documentation that the proposed treatments, modifications and assistance meet two of the three statutory requirements<sup>1</sup> for medical necessity since they give this unfortunate claimant the best opportunity for some relief of pain and offer the possibility of promoting some degree of recovery.

### Certification of Independence of Reviewer

As the reviewer of this independent review case, I do hereby certify that I have no known conflicts of interest between the 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.

## 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.

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<sup>1</sup> Texas Labor Code 408.021

Chief Clerk of Proceedings  
Division of Workers' Compensation  
P.O. Box 17787  
Austin, Texas 78744

Or fax the request to (512) 804-4011. A copy of this decision must be attached to the request.

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

In accordance with 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 20<sup>th</sup> day of June, 2006.

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

Printed Name of IRO Employee: Marc Salvato