



## CompPartners Final Report



CompPartners Peer Review Network  
Physician Review Recommendation  
Prepared for TDI/DWC

**Claimant Name:** \_\_\_\_\_  
**Texas IRO # :** \_\_\_\_\_  
**MDR #:** M2-06-1280-01  
**Social Security #:** \_\_\_\_\_  
**Treating Provider:** Trenton David Weeks, DC  
**Review:** Chart  
**State:** TX  
**Date Completed:** 7/5/06

### **Review Data:**

- **Notification of IRO Assignment dated 5/9/06, 1 page.**
- **Receipt of Request dated 5/9/06, 1 page.**
- **Medical Dispute Resolution Request/Response dated 4/24/06, 1 page.**
- **Table of Disputed Services (date unspecified), 1 page.**
- **List of Treating Providers (date unspecified), 1 page.**
- **DWC Pre-Authorization Report and Notification dated 3/22/06, 3/8/06, 1/6/06, 6 pages.**
- **Medical Dispute dated 4/19/06, 2 pages.**
- **Texas Workers' Compensation Work Status Report dated 4/3/06, 3/13/06, 2 pages.**
- **Modified Work Sheet (date unspecified), 1 page.**
- **Pre-Authorization Request dated 3/22/06, 1 page.**
- **Reconsideration of Pre-Authorization for Work Hardening dated 3/21/06, 2 pages.**
- **Work Status dated 3/16/06, 1 page.**
- **Mental Health Evaluation dated 3/9/06, 2 pages.**
- **SOAP Note dated 3/7/06, 1 page.**
- **Letter of Causation and Extent of Injury dated 1/17/06, 1 page.**
- **Electromyogram Report dated 4/19/05, 1 page.**
- **Office Visit dated 10/7/05, 1 page.**
- **Initial Consultation dated 12/6/05, 2 pages.**
- **Independent Medical Evaluation dated 4/26/06, 4 pages.**

**Reason for Assignment by TDI/DWC:** Determine the appropriateness of the previously denied request for work hardening/conditioning (97545/97546), five times a week for four weeks.

**Determination: UPHELD** - previously denied request for work hardening/conditioning (97545/97546), five times a week for four weeks.

**Rationale:**

**Patient's age:** 45 years

**Gender:** Male

**Date of Injury:** \_\_\_\_

**Mechanism of Injury:** Repetitive stress injury from twisting heavy gauge wire to assemble chain link fencing; and developed pain in both wrists.

**Diagnoses:** Bilateral carpal tunnel syndrome; post carpal tunnel release (CTR) surgery to the left wrist on 11/7/05.

A dispute letter from Trenton Weeks, DC dated 4/19/06, indicated that Dr. Rana, who diagnosed bilateral carpal tunnel syndrome, initially saw the patient. The patient has had injections to the left wrist, and eventually had surgery with CTR of the left wrist on 11/7/05, by Dr. Dibella. He began physical therapy on 12/13/05, and completed 24 sessions, with improved ranges of motion and functionality noted. On 3/2/05, a functional capacity evaluation (FCE) was performed and work hardening was recommended. The work status for this patient was claimed to be heavy, per the department of labor codes, and he is currently at a medium duty demand level. There was no modified duty available at his work place, and he remains off work at this time. Dr. Weeks argued that the previous denial for work hardening came from a reviewer who denied the program due to the fact that work hardening is not recommended in the Official Disability Guidelines (ODG); however, the ODG does not address work hardening for carpal tunnel syndrome. The claimant's Code for Maintenance – repairer helper, any industry, is 899.684-022, does indicate a heavy-duty job demand level. The note from 3/7/05, by Dr. Weeks indicated that the claimant must return to work at a medium-heavy duty demand level, however, there was no modified work available to him. This claimant received a mental health interview by Kevin A. Rosado, PhD, who documented that he is not on any current medications at this time, and that past medications included over the counter medication and injections. He describes his pain as 2-7/10 with sensations of pins and needles, tingling, numbness and occasional spasms and cramps, as well as dropping things at times. He reported mild to moderate depression with concurrent anxiety, with a BDI-2 score of 22. There was an Independent Medical Evaluation (IME) by an orthopedic surgeon Michael Ciepiela, MD, on 4/26/06, which indicated that the claimant would benefit from a 4-6 week work hardening program (however, he did not clarify any specific deficits). His examination revealed the claimant to be 6 feet 2 inches tall, and he weighed 230 pounds. Tinel's and Phalen's testing was negative at both wrists. Grip strength in the right hand was 28-22-29 kilograms, and in the left hand was 24, 20 and 22 kilograms. The data submitted for review did not include an FCE report from March 2006. Moreover, there was no current FCE provided to support any claim of deficits. The current request is to determine the medical necessity for work hardening/work conditioning, five times per week for four weeks, with physical medicine and rehabilitation code 97545-intial two hours of work hardening/conditioning and, 97546 - each additional hour of work hardening/conditioning. The medical necessity for this request is not found with the provided information. This reviewer believes that the patient was given an appropriate amount of physical medicine/physical therapy treatments and procedures both pre-surgically and post surgically which total at minimum 24 visits since December 2005. In view of all of the foregoing, the previously denied requests for work hardening/conditioning should be upheld.

**CORPORATE OFFICE**

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**Criteria/Guidelines utilized:** 1) Texas Department of Insurance and DWC rules and regulations. Texas Labor Code 408.021 and specific commission rule TWCC 134.1001 (C) (1) (A) states: The employee is specifically entitled to healthcare that: (1) Cures or relieves the effects naturally resulting from the compensable injury (2) Promotes recovery OR; (3) Enhances the ability of the injured worker to return to or retain employment. 2) ODG (Official Disability Guide) Treatment in Workers' Compensation 2004, Philip Denniston, editor in chief Physical therapy for Carpal Tunnel Syndrome-Page 121-122 Non surgical-3 visits per week for 2 weeks Post CTR-14 to 20 visits over 8-10 weeks.

**Physician Reviewers Specialty:** Chiropractor

**Physician Reviewers Qualifications:** Texas Licensed DC, BSRT, FIAMA Chiropractor and is also currently listed on the TDI/DWC ADL list.

**CompPartners, Inc. hereby certifies that the reviewing physician or provider has certified that no known conflicts of interest exist 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 the decision before the referral to CompPartners, Inc.**

#### 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.

***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, requestor, claimant and the Division via facsimile or U.S. Postal Service from the office of the IRO on this 5<sup>th</sup> day of July, 2006.***

***Signature of IRO Employee:***

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A handwritten signature in cursive script, appearing to read "L. Strang", with a horizontal line underneath.

***Printed Name of IRO Employee***  
***Lee-Anne Strang***  
***Senior PRN Supervisor***  
***CompPartners***