

MCMC

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

Date:	07/21/2006
Injured Employee:	
Address:	
MDR #:	M2-06-1304-01
DWC #:	
MCMC Certification #:	IRO 5294

REQUESTED SERVICES:

Please review the item(s) in dispute: Pre-authorization denied for 30 visits of work conditioning.

DECISION: Upheld

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 07/21/2006, concerning the medical necessity of the above referenced requested service, hereby finds the following:

The medical necessity for the requested return to work program is not established.

CLINICAL HISTORY:

Records indicate that the above captioned individual was injured as a result of an occupational incident that allegedly occurred on _____. The history reveals that he was struck in the shoulder by an object on a pallet. He was initially seen at a worker's injury clinic on _____ where physical therapy was initiated on physical therapy. The injured individual apparently changed treating doctors on 03/24/2005 to the current chiropractic attending physician (AP). A course of chiropractic care ensued. MRI examination of the shoulder dated 08/17/2005 revealed rotator cuff tendinosis and various hypertrophic changes. Surgery was performed on 11/01/2005 including right shoulder arthroscopy and distal clavicle excision. Post-operative therapy was initiated some two weeks later, and continued at least ten weeks. Progress was noted and he was released from post-operative therapy on or before 03/15/2006. A Functional Capacity Exam (FCE) was performed on 03/16/2006 which revealed functional deficits as compared to the listed job required physical demand level.

REFERENCES:

References utilized in this review include but are not limited to the ACEOM Guidelines, Official Disability Guidelines, Health Care Guidelines by Milliman and Robertson Volume 7, North American Spine Society Guidelines, Texas Medical Fee Guidelines, and Procedural Utilization Guidelines.

RATIONALE:

In regards to work conditioning, the documentation does not establish the application and administration of these services. Current and pertinent guidelines applicable to the injured individual's injury and treatment scenario suggests that six to ten (6-10) weeks of post operative care is expected to be a sufficient course of care to effect recovery and consider a return to work. In this specific case, the injured individual participated in at least ten weeks of post-operative therapy and was released. The reasonably expected duration of postoperative care had been met or exceeded.

Furthermore, it is incumbent upon providers to apply the least intensive course of care. In this case, the documentation clearly reveals that the injured individual was demonstrating progress during the documented course of post surgical rehabilitation. In that regard, the continuation of standard post-operative therapy would have apparently been an effective and less intensive course of care. However, as noted above, the reasonably expected duration of care for post-operative therapy had been met or exceeded. There are no clear and significant complicating factors that would obviously necessitate consideration of care outside of pertinent guidelines. As such, the medical necessity and appropriateness of the requested return to work program is not established.

RECORDS REVIEWED:

- Notification of IRO Assignment dated 05/11/06
- MR-117 dated 05/11/06
- DWC-60
- DWC-69: Report of Medical Evaluation dated 11/07/05
- DWC-73: Work Status Reports dated 03/17/05 through 04/21/06
- MCMC: IRO Medical Dispute Resolution Prospective dated 07/12/06
- MCMC: IRO Acknowledgment and Invoice Notification Letter dated 05/11/06
- Flahive, Ogden & Latson: Letter dated 05/22/06 from Rebecca Strandwitz
- Flahive, Ogden & Latson: Letter dated 05/10/06 from Gregory Solcher
- Vincent Amato, DC: Letter dated 03/29/06 (2nd Denial)
- Gordon G. McWatt, D.O.: Reports dated 03/28/06, 10/25/05
- Mark Carlson, DC: Letter dated 03/23/06 (1st Denial)
- Fort Worth Injury Rehabilitation Clinic: Functional Capacity Evaluations dated 03/16/06, 02/19/05 with attached Functional Capacity Evaluation Summaries
- L&W Orthopedic Associates: Follow-Up notes dated 03/15/06, 01/09/06, 11/09/05, 10/10/05, 09/28/05 from John Wey, M.D.

- Concentra: Letters dated 02/09/06, 12/12/05 from Kristin Troche, LPN
- Kristin Troche, LPN, Utilization Review Nurse: Letter dated 02/02/06 with attached information on CPT code 99070
- Injury Solutions – Fort Worth: Report dated 01/27/06 from Dr. Patrick Davis
- Therapy Session Approval notes dated 12/12/05 through 03/06/06
- Injury Solutions – Fort Worth: Report dated 12/01/05 from Dr. Brian Feragotti
- L&W Orthopedic: Prescription dated 10/13/05
- L&W Orthopedic Associates: Letter dated 09/14/05 from John Wey, M.D.
- Concentra: Referral form dated 08/31/05
- Texas Imaging & Diagnostic Center: MRI right shoulder dated 08/17/05
- DWC: Letter dated 07/26/05
- CareNow: Letter dated 05/24/05 from Shalanda Freeman, Custodian of Records
- DWC Hearing Division: Decision and Order (undated) with conference held on 05/16/05 from Sarah Wiegand, Hearing Officer
- Authorization for the Release of Information dated 05/16/05
- Handwritten report dated 03/25/05
- Albertsons: Report of Attending Physician (handwritten) dated 03/24/05
- Extremity Assessment Form: Handwritten report dated 03/22/05
- CareNow: Physical Therapy Referral Form dated 03/22/05
- Exercise Flow Sheet (handwritten) dated 03/20/05
- MedTox: Collector/Donor report dated 03/17/05
- CareNow: Patient Authorization for Disclosure of Protected Health Information dated 03/17/05
- Evaluation report dated 03/17/05 (handwritten – Strain, Acromioclavicular at top)
- CareNow: Physical Therapy Continuation Form (handwritten) dated 03/17 through 03/23
- CareNow: Authorization to Provide Services dated 02/19/05
- Patrick Davis, M.D.: Office notes from Dr. Davis’ office dated 01/20/05 through 11/30/05
- Injury Solutions-Duncanville: Undated letter from “Billing Department” regarding 11/01/05 surgery
- CareNow Physical Therapy Evaluation Summary report dated 03/22/05 (handwritten)
- CareNow: Radiology Report dated 03/17/05
- Dr. Patrick Davis: Undated letters regarding prescription for EMS-5000 unit starting 03/06/06, 06/17/05
- Dr. Brian Geragotti: Undated letters regarding prescription for EMS-5000 unit starting 01/18/06, 12/20/05, 11/15/05
- Undated “Notice Appeal Filing Date”
- Undated article entitled, “Advisory 2003-13”
- CareNow: Undated Patient Authorization & Demographics form

The reviewing provider is a **Licensed/Boarded Chiropractor** and certifies that no known conflict of interest exists between the reviewing Chiropractor 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

21st day of July 2006.

Signature of IRO Employee: _____

Printed Name of IRO Employee: Beth Cucchi