


INDEPENDENT REVIEW INCORPORATED

June 8, 2006

Re: MDR #: M2 06 1315 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: City of San Antonio

TREATING DOCTOR: Daniel Bradley Burdin, 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 physician who is a licensed chiropractor, certified in pain management with 14 years experience 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.

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

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 8, 2006.

Sincerely,

The image shows the handwritten initials 'jc' in a stylized, lowercase font. The 'j' has a dot above it, and the 'c' is a simple, rounded letter.

Jeff Cunningham, DC
Office Manager

**REVIEWER'S REPORT
M2 06 1315 01**

Information Provided for Review:

1. URA and FCE results from Harris & Harris, Attorneys
2. Office notes and FCE from Brad Burdin, DC

Clinical History:

This patient was injured on his job and suffered bilateral inguinal hernias. He underwent corrective surgery in January of 2006. He has undergone extensive physical therapy in the office of Dr. Burdin and recently had a FCE performed by Kip Clayton, OTR.

Disputed Services:

Work hardening daily for 4 weeks.

Decision:

I AGREE WITH THE CARRIER'S DETERMINATION.

Rationale:

The patient's FCE shows that he is able to do a medium to heavy work load and that the extensive physical therapy has been as effective. Work hardening would not be indicated in this patient. Work hardening has not been shown to have a positive effect on a patient with this type of condition and even if there were some cases that could benefit from a return to work program after inguinal hernia surgery, this is not a case that would meet such criteria due to his extensive therapy and results. The FCE also gave the reviewer some concerns of possible symptom magnification, as the patient self-reported a post-task pain of 8/10 a full 2 months after the surgical repair. For these reasons, the work hardening program is not found to be medically necessary.

Screening Criteria:

TCA Guidelines, Mercy Center Guidelines, ACOEM Guidelines