



CompPartners Final Report



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

Claimant Name: _____
Texas IRO # : _____
MDR #: M2-06-1440-01
Social Security #: _____
Treating Provider: Darren Howland, DC
Review: Chart
State: TX
Date Completed: 6/19/06
Amended Date: 6/22/06

Review Data:

- **Notification of IRO Assignment dated 6/1/06, 1 page.**
- **Receipt of Request dated 5/31/06, 1 page.**
- **Medical Dispute Resolution Request/Response dated 5/18/06, 1 page.**
- **Table of Disputed Services (date unspecified), 1 page.**
- **List of Treating Providers (date unspecified), 1 page.**
- **Pre-Authorization Decision and Rationale dated 5/3/06, 4/19/06, 2 pages.**
- **Case Review dated 5/3/06, 4/19/06, 2 pages.**
- **Physician Response to IRO Request for Relevant Medical Information dated 5/16/06, 2 pages.**
- **Neuromusculoskeletal Conditions (date unspecified), 1 page.**
- **Article on Concurrent Validity of the ERGOS Work Stimulator Versus Conventional Functional Capacity Evaluation Techniques in a Workers' Compensation Population (date unspecified), 9 pages.**
- **Article on Relationship of Performance on the ERGOS Work Stimulator to Illness Behavior in a Workers' Compensation Population with Low Back versus Limb Injury (date unspecified), 6 pages.**
- **Prospective Review (M2) Response dated 6/6/06, 2 pages.**
- **Invoice dated 6/1/06, 1 page.**
- **Statement of Disputed Issues dated 5/16/06, 1 page.**
- **Fax Cover Sheet dated 4/24/06, 4/7/06, 2 pages.**
- **Patient Profile (date unspecified), 1 page.**
- **Prescription dated 4/7/06, 1 page.**
- **Pre-Authorization Request for Post Operative Work Hardening dated 4/27/06, 5 pages.**
- **ERGOS Evaluation Summary Report dated 3/22/06, 10 pages.**
- **Behavioral Assessment of Pain dated 3/22/06, 8 pages.**
- **Consultation dated 3/28/02, 2 pages.**
- **Left Shoulder MRI dated 3/7/02, 1 page.**
- **Left Shoulder Arthrogram, dated 9/4/02, 1 page.**
- **Cervical Spine MRI dated 11/7/02, 1 page.**

- **Left Wrist MRI dated 9/3/03, 2 pages.**
- **Recheck dated 2/28/05, 4/2/03, 5 pages**
- **Procedure Note dated 2/18/04, 1 page.**
- **Procedure Note and Discharge Summary dated 1/6/05, 1 page.**

Reason for Assignment by TDI/DWC: Determine the appropriateness of the previously denied request for post surgical work hardening, 15 sessions.

Determination: PARTIAL –

REVERSED - 10 sessions of post surgical work hardening.

UPHELD – 5 sessions of post surgical work hardening.

Rationale:

Patient's age: 48 years

Gender: Female

Date of Injury: ____

Mechanism of Injury: Fell backwards, landing on her extended left arm.

Diagnoses: Post surgical left wrist CTS release, March 2005; left shoulder arthroscopy and subacromial decompression, performed on 3/13/03.

There was a letter from the Texas Association of School Boards, Inc., dated 4/19/06, which indicated a peer reviewed denial for 15 sessions of work hardening was due to Functional Capacity Evaluation (FCE) results, which noted sub-maximal effort and lifting abilities were non-physiologic. There was a physician response to an IRO request for relevant medical information dated 5/16/06, outlining the misconceptions by the previous reviewers on 4/19/06 and 5/3/06. The reference was on a FCE ERGOS evaluation performed on 3/22/06. This report indicated a job demand level for this claimant as medium duty demand level as a Janitor. When this IRO reviewer checks the DOL/DOT code, this is correct information. The test revealed the patient was only capable of working a sedentary demand level even though there were some levels which reach into the light duty category, she did not meet the maximal lift level of light demand in all categories, and certainly not the maximum medium duty category. The report also indicated that the patient was deconditioned. Hand grip testing and finger pinch testing were grossly in the sedentary to sedentary – light category, and only meeting 3% of the normal population in grip strength overall. There were only sedentary abilities related to wrist flexion and extension on the left. The summary report clearly indicated validity of efforts and clearly indicated sub-maximal performance abilities versus job requirements, not sub-maximal effort since all testing was recorded as “valid” with demonstration of effort throughout the testing. The BAP-MSQS Behavioral assessment of pain medical stability clinical report dated 3/22/06, summarized areas of treatment concerns which included perceived need for additional medical treatment, perceived need for narcotic medications, perceived need for additional diagnostic testing, a low estimate of maximum medical improvement, fear of re-injury, high expectation for cure, entitlement and anger issues, low acceptance of pain, high activity interference due to pain, low estimated ability to return to work or begin vocational rehabilitation, perception that her employer does not want her back unless she is 100% and lastly, she has been in pain 4 to 5 years. This claimant has had surgery to the left carpal tunnel in March 2005, and to the left shoulder with left shoulder

CORPORATE OFFICE

18881 VON KARMAN AVENUE, SUITE 900, IRVINE, CA 92612

TELEPHONE: (949) 253-3116 FACSIMILE: (949) 253-8995

E-MAIL: prn@CompPartners.com TOLL FREE 1-877-968-7426

arthroscopy and subacromial decompression, performed on 3/13/03. She had also received a left ulnar cubital tunnel block that was performed on 2/18/04. She had a cervical ESI procedure on 1/6/05. There was an MRI of the cervical spine on 11/7/02, which was normal. There was a left shoulder double contrast arthrogram and computed tomography performed on 9/4/02, which was negative. There was an MRI of the left shoulder on 3/7/02, which revealed tendinosis and was otherwise negative for rotator cuff tear. An MRI of the left wrist on 9/3/03, revealed crowding of the flexor tendons for carpal tunnel and a bony contusion of the proximal triangular bone without fracture. The current request is to determine the medical necessity for the previously denied post-surgical work hardening for 15 sessions. The medical necessity for this request should be modified to support 10 work hardening sessions to address this claimants continued deficits per the FCE. She is clearly functioning at an ERGOS level of sedentary demand level, for a clearly stated medium duty job description demand level as a Janitor. While previous reviewers find this claimant to have sub-maximal efforts and non-physiologic limitations during the FCE, this reviewer finds valid efforts clearly documented and physiologic limitation regarding her original injury sites of left shoulder and left wrist/hand. The claimant had further failed all other passive and active therapies, and meets the criteria for a trial of a work hardening program. Therefore, a trial of work hardening for 10 sessions would be appropriate for this claimant, and if no documented improvements are evident after these 10 sessions, then no further work hardening would be necessary. The references used for this modification determination would be the Texas Department of Insurance and DWC rules and regulations. Texas Labor Code 408.021 and specific commission rule TWCC 134.1001 (C) (1) (And the Department of Labor website with Janitor demand levels of Medium.

Criteria/Guideline 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) *Physical Medicine and Rehabilitation*, 2nd Edition, by Randall L. Braddom.

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

CORPORATE OFFICE
18881 VON KARMAN AVENUE, SUITE 900, IRVINE, CA 92612
TELEPHONE: (949) 253-3116 FACSIMILE: (949) 253-8995
E-MAIL: prn@CompPartners.com TOLL FREE 1-877-968-7426

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 22nd day of June 2006.

Signature of IRO Employee:

Printed Name of IRO Employee