



IMED, INC.

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NOTICE OF INDEPENDENT REVIEW

NAME OF EMPLOYEE: _____
IRO TRACKING NUMBER: M2-06-1460-01
NAME OF REQUESTOR: Advantage Health Care Systems
NAME OF CARRIER: American Casualty Company of Reading, PA
DATE OF REPORT: 06/24/06
IRO CERTIFICATE NUMBER: 5320

TRANSMITTED VIA FAX:

IMED, Inc. has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO).

In accordance with the requirement for TDI to randomly assign cases to IROs, TDI has assigned your case to IMED, Inc. for an independent review. The peer reviewer selected has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, the peer reviewer reviewed relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal.

The independent review was performed by a matched peer with the treating physician. This case was reviewed by an M.D. physician reviewer who is Board Certified in the area of Physical Medicine and Rehabilitation and is currently listed on the DWC approved doctor list.

I am the Secretary and General Counsel of IMED, 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 provider, the injured employee, 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. I further certify that no conflicts of interest of any nature exist between any of the aforementioned parties and any director, officer, or employee of IMED, Inc.

REVIEWER REPORT

I have reviewed the records forwarded on the above injured worker and have answered the questions submitted.

Information Provided for Review:

- Advantage Health Care System Functional Capacity Evaluation dated 02/13/06.
- Advantage Health Care System, Functional Capacity Evaluation dated 03/13/06.
- Physician office notes from US Med Group dated 04/07/06, 04/26/06, and 05/17/06.

Clinical History Summarized:

The medical records document that the employee developed difficulty with primarily low back pain when performing lifting activities in the workplace.

A physician office note dated 04/07/06 from Dr. Ninala indicated that thoracic spine x-rays and left shoulder x-rays were accomplished and were described as negative. Dr. Ninala awarded a 3% whole body impairment. The diagnoses were a thoracic strain and a trapezius/rhomboid myofascial pain syndrome. The employee was released to regular work activities on that date.

The employee was reevaluated by Dr. Ninala on 04/26/06 and 05/17/06. On 05/17/06, Dr. Ninala recommended that the employee be maintained on permanent work restrictions of no lifting greater than 30 pounds. The employee was to continue a home exercise program and follow-up as-needed.

A Functional Capacity Evaluation (FCE) was accomplished on 02/13/06, and following the FCE, the employee participated in ten sessions of a work conditioning program.

Upon completion of the work conditioning program, a repeat FCE was accomplished, which was found to be a valid study. Comparison of the FCE of 02/13/06 to 03/13/06 was notable for the fact that thoracic spine range of motion actually decreased in some areas. Additionally, it appeared the employee was able to participate in essentially medium duty work activities after conclusion of the work conditioning program, which was essentially the same level the claimant could perform at the commencement of the program.

Disputed Services:

Pre-Auth denied: Work conditioning times ten (10) sessions.

Decision:

Denied. After careful review of the medical records available for review, ongoing medical treatment in the form of a work conditioning program beyond the initial ten sessions provided would not be reasonable and/or medically necessary.

Rationale/Basis for Decision:

The available medical records document that the employee was primarily diagnosed with a muscular strain to the left trapezius/rhomboid region and thoracic spine region as it related to the work injury of 11/14/05. Typically, such a condition would be considered self-limiting in nature. As supported by *ACOEM Guidelines*, Chapter 12, one of the best means of rehabilitation of an person with a muscular strain is to encourage a return to normal activities as quickly as possible.

The medical documentation did not provide sufficient clinical evidence to support that there were significant functional gains obtained in the ten sessions of work conditioning. Given the fact that there were not significant functional gains obtained in the work conditioning program, it would not be considered realistic to anticipate that the employee would benefit significantly from ongoing participation in the program. As supported by the *Commission of Accreditation of Rehabilitation Facilities*, a participant in such a program should be one that is definitive from participation in the program. Given the fact that there were no significant gains made from a functional perspective in the first ten sessions, it would not be appropriate to anticipate that the employee would be considered an appropriate candidate for ongoing participation in the program.

Typically, a work conditioning program is considered to be highly individualized. The submitted documentation consisted of primarily preprinted forms. In the day to day participation of this program, there did not appear to be any objective documentation to support that there were functional gains made in the program. Consequently, ongoing medical treatment in the form of work conditioning beyond the initial ten sessions provided to the employee would not be reasonable or medically necessary.

The rationale for the opinion stated in this report is based on the record review, the above referenced material, as well as the broadly accepted literature to include numerous textbooks, professional journals, nationally recognized treatment guidelines and peer consensus.

This review was conducted on the basis of medical and administrative records provided with the assumption that the material is true and correct.

This decision by the reviewing physician with IMED, Inc. is deemed to be a DWC decision and order.

YOUR RIGHT TO REQUEST A HEARING

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.

Case No.: M2-06-1460-01
Page Four

If you are disputing the 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 thirty (30) days after the date on which the decision that is the subject of the appeal is final and appealable.

I hereby verify that a copy of this Independent Review Organization's decision was sent to the respondent, the requestor, DWC, and the injured worker via facsimile or U.S. Postal Service this 28th day of June, 2006 from the office of IMED, Inc.

Sincerely,

A handwritten signature in cursive script that reads "Charles Brawner".

Charles Brawner
Secretary/General Counsel