

June 30, 2006

TX DEPT OF INS DIV OF WC
AUSTIN, TX 78744-1609

CLAIMANT: ___

EMPLOYEE: ___

POLICY: M2-06-1631-01

CLIENT TRACKING NUMBER: M2-06-1631-01 5278

Ammended Review:

Medical Review Institute of America (MRIOA) has been certified by the Texas Department of Insurance as an Independent Review Organization (IRO). The Texas Department of Insurance Division of Workers Compensation has assigned the above mentioned case to MRIOA for independent review in accordance with DWC Rule 133 which provides for medical dispute resolution by an IRO.

MRIOA has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed. Itemization of this information will follow.

The independent review was performed by a peer of the treating provider for this patient. The reviewer in this case is on the DWC approved doctor list (ADL). The reviewing provider has no known conflicts of interest existing 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 decision before referral to the IRO.

Records Received:

Records from the State:

- Notification of IRO assignment dated 6/20/06 1 page
- Letter from Texas department of Insurance dated 6/20/06 1 page
- Medical dispute resolution request/response undated 4 pages
- Table of disputed services undated 1 page

Records from The Respondent:

- Review report dated 5/22/06 2 pages
- Review report dated 5/31/06 2 pages
- Request for work hardening dated 5/18/06 1 page

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- Request for work hardening dated 5/24/06 1 page

Records from Requestor:

- Clinic note dated 7/18/05 1 page
- Clinic note dated 8/1/05 1 page3
- Clinic note dated 7/26/05 2 pages
- Clinic note dated 8/9/05 2 pages
- Clinic note dated 9/8/05 2 pages
- Clinic note dated 9/9/05 1 page
- Clinic note dated 9/22/05 2 pages
- Clinic note dated 10/04/05 2 pages
- Clinic note dated 10/05/05 1 page
- Clinic note dated 11/10/05 1 page
- Clinic note dated 12/12/05 1 page
- Clinic note dated 1/16/06 1 page
- Clinic note dated 2/15/06 1 page
- Clinic note dated 3/15/06 1 page
- Clinic note dated 4/7/06 1 page
- Clinic note dated 4/17/06 1 page
- Clinic note dated 5/18/06 1 page
- Clinic note dated 5/30/06 1 page
- History and treatment note dated 6/17/05 4 pages
- EMG/NCV studies dated 6/19/05 3 pages
- Narrative summary dated 6/17/05 3 pages
- Handwritten patient evaluation note dated 5/1/06 3 pages
- Upper extremity evaluation dated 5/4/06 1 page
- Upper extremity evaluation dated 3/9/06 1 page
- Upper extremity evaluation dated 2/9/06 1 page
- Upper extremity evaluation dated 1/12/06 1 page
- Upper extremity evaluation dated 12/15/05 1 page
- Upper extremity evaluation dated 10/20/05 1 page
- Upper extremity evaluation dated 10/4/05 1 page
- Upper extremity evaluation dated 9/6/05 1 page
- Functional capacity evaluation summary dated 4/12/06 20 pages
- Patient information and medical history forms dated 2/22/06 10 pages
- Radiology report right wrist complete dated 6/23/05 1 page
- Radiology report left wrist complete dated 6/23/05 1 page
- Radiology report elbow, 2 views left dated 6/23/05 1 page
- Radiology report elbow, 2 views right dated 6/23/05 1 page
- Radiology report cervical davis series 7VW dated 6/23/05 1 page
- Occupational therapy/testing script dated 5/18/06 1 page
- PX for psych evaluation/testing dated 4/17/06 1 page

Summary of Treatment/Case History:

The patient is a 45-year-old female assembly line pack inspector who, on ____, sustained a repetitive-type injury to her right wrist and left elbow, as well as neck pain. She initially presented herself to the ER, but after she reported the incident to her employer, they sent her to their company doctor who referred her to physical therapy.

When she was not pleased with her care, she presented herself to a doctor of chiropractic for evaluation and treatment. He ordered an NCV/EMG that revealed left lateral epicondylitis, but no neuropathy or radiculopathy of the upper extremities. She then received conservative chiropractic care and physical therapy, but when that did not achieve the desired result, she underwent 3 injections to her elbow, followed by post-injection therapy. On 12/7/05, she had a dorsal ganglion cyst removed from her right wrist, followed by post-operative occupational therapy and rehabilitation.

Questions for Review:

1. Items in dispute: Pre authorization denied for 6 weeks work hardening.

Explanation of Findings:

In this case, the functional capacity evaluation (FCE) performed on 4/12/06 revealed that the patient (on NIOSH lift testing) could lift from waist level 15 pounds, from high far 6 pounds and from high near, 13 pounds. In addition, on dynamic task lifting, the patient demonstrated that she could lift and carry 30 pounds approximately 25 feet. Since her job is to package books of lottery tickets, she must shift and transfer boxes ranging from 10 to 30 pounds each, from knee to waist level. The findings on the 4/12/06 FCE documented that she was already capable of performing her required tasks, rendering the performance of a 6-week work hardening program medically unnecessary.

In terms of the patient's ability to perform work simulations, the FCE *did* indicate some overall deficits. Specifically that she was able to complete only 45 minutes of her 60-minute work simulation. In fact, it was the reports of increased pain on the part of the patient that the examiner concluded that the claimant "...could not tolerate her job duties..." However, according to the Reliability of Efforts portion of the FCE (page 19), the examiner reported (to question #1) that the "pain level [did] not match activity performed." Therefore, since the physical demands testing proved that the claimant was capable of performing her required tasks, and the job simulation recommendations for work hardening were based on reports of increased pain that were deemed invalid, the claimant does not meet the criteria for entrance into a work hardening program.

Conclusion/Decision to Not Certify:

1. Items in dispute: Pre authorization denied for 6 weeks work hardening.

The preauthorization request for 6 weeks of work hardening is not certified based on the above rationale.

This review was provided by a chiropractor who is licensed in Texas, certified by the National Board of Chiropractic Examiners, is a member of the American Chiropractic Association and has several years of licensing board experience. This reviewer has given numerous presentations with their field of specialty. This reviewer has been in continuous active practice for over twenty years.

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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.

Chief Clerk of Proceedings/Appeals Clerk
P. O. Box 17787
Austin, TX 78744

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, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on this 30 day of Jun/2006.

-----Cherstin Bailey

MRIOA is forwarding this decision by mail, and in the case of time sensitive matters by facsimile, a copy of this finding to the DWC.

It is the policy of Medical Review Institute of America to keep the names of its reviewing physicians confidential. Accordingly, the identity of the reviewing physician will only be released as required by state or federal regulations. If release of the review to a third party, including an insured and/or provider, is necessary, all applicable state and federal regulations must be followed.

Medical Review Institute of America retains qualified independent physician reviewers and clinical advisors who perform peer case reviews as requested by MRIOA clients. These physician reviewers and clinical advisors are independent contractors who are credentialed in accordance with their particular specialties, the standards of the American Accreditation Health Care Commission (URAC), and/or other state and federal regulatory requirements.

The written opinions provided by MRIOA represent the opinions of the physician reviewers and clinical advisors who reviewed the case. These case review opinions are provided in good faith, based on the medical records and information submitted to MRIOA for review, the published scientific medical literature, and other relevant information such as that available through federal agencies, institutes and professional associations. Medical Review Institute of America assumes no liability for the opinions of its contracted physicians and/or clinician advisors. The health plan, organization or other party authorizing this case review agrees to hold MRIOA harmless for any and all claims which may arise as a result of this case review.

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The health plan, organization or other third party requesting or authorizing this review is responsible for policy interpretation and for the final determination made regarding coverage and/or eligibility for this case.

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Case Analyst: Cherstin ext 597

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cc: Requestor
Respondent