



Specialty Independent Review Organization, Inc.

August 1, 2006

DWC Medical Dispute Resolution
7551 Metro Center Suite 100
Austin, TX 78744

Patient: ____
DWC #: ____
MDR Tracking #: M2-06-1655-01
IRO #: 5284

Specialty IRO has been certified by the Texas Department of Insurance as an Independent Review Organization. The TDI-Division of Workers' Compensation has assigned this case to Specialty IRO for independent review in accordance with DWC Rule 133.308, which allows for medical dispute resolution by an IRO.

Specialty IRO 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.

This case was reviewed by a licensed Doctor of Chiropractic. The reviewer is on the DWC ADL. The Specialty IRO health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to Specialty IRO for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

CLINICAL HISTORY

According to the records reviewed, Mr. ____ was injured in a work related accident on _____. The patient was injured while attempting to lift a 60-pound suitcase on to the second shelf of a pull car. The patient attempted to continue working for two days, but the pain continued and the patient later reported his injuries. The patient reports a constant and dull ache in his lumbar region with occasional tingling into his bilateral buttocks. He also reported weakness in the lower extremities.

RECORDS REVIEWED

Records were received from the insurance carrier and from the treating provider. Records included but were not limited to:

Medial Dispute Resolution paperwork
Report from SRS 5-17-2006, 4-28-2006
Report from Fort Worth Healthcare Systems 4-25-2006, 5-10-2006
Records from Fort Worth Healthcare Systems
FCE 12-21-2005
Reports from Dr. Henry 3-9-2006, 2-9-2006, 1-9-2006, 12-12-2005, 11-14-2005
MRI from Avalon Imaging on 11-2-2005

REQUESTED SERVICE

The requested service is a 10 session work conditioning program.

DECISION

The reviewer agrees with the previous adverse determination.

BASIS FOR THE DECISION

The basis for the determination is based upon the Medical Disability Advisor, Medical Fee Guidelines specific to Work Conditioning, Industrial Rehabilitation-Techniques for Success, and Occupational Medicine Practice Guidelines. Specifically, a Work Conditioning program should be considered as a goal oriented, highly structured, individualized treatment program using real or simulated work activities in conjunction with conditioning tasks. The program should be for persons who are capable of attaining specific employment upon completion of the program and not have any other medical, psychological, or other condition that would prevent the participant from successfully participating in the program. The patient should also have specifically identifiable deficits or limitations in the work environment and have specific job related tasks and goals that the Work Conditioning program could address. Generic limitations of strength range of motion, etc. are not appropriate for a return to work program. Although the patient had limitations identified in the FCE, these limitations are not specific to the work place or job functions. It should also be noted that the records submitted are very limited in scope. There is minimal information regarding the treatment that the patient has undergone and the response to such treatment. In addition, the FCE is several months old and does not provide any grip task testing including rapid exchange for validity testing. This is not to say that Mr. ___ does not need additional care or that he does not have a significant injury to his lumbar region, only that the documentation does not support the medical necessity for work conditioning.

REFERENCES

Medical Disability Advisor
Medical Fee Guidelines specific to Work Conditioning
Industrial Rehabilitation-Techniques for Success
Occupational Medicine Practice Guidelines

Specialty IRO has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. Specialty IRO has made no determinations regarding benefits available under the injured employee's policy. Specialty IRO believes it has made a reasonable attempt to obtain all medical records for this review and afforded the requestor, respondent and treating doctor an opportunity to provide additional information in a convenient and timely manner.

As an officer of Specialty IRO, Inc, dba Specialty IRO, I certify that the reviewing provider has no known conflicts of interest 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.

Sincerely,

Wendy Perelli, CEO

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.

Sincerely,

Wendy Perelli, CEO

I hereby certify, in accordance with DWC- Rule 102.4 (h), that a copy of this Independent Review Organization decision was sent to the carrier, requestor, claimant (and/or the claimant's representative) and the Division via facsimile, U.S. Postal Service or both on this 1st day of 2006

Signature of Specialty IRO Representative:

Name of Specialty IRO Representative: Wendy Perelli