



PROFESSIONAL ASSOCIATES

NOTICE OF INDEPENDENT REVIEW

NAME OF PATIENT: _____
IRO CASE NUMBER: M2-06-1661-01
NAME OF REQUESTOR: Luther Bratcher, D.C.
NAME OF PROVIDER: Luther Bratcher, D.C.
REVIEWED BY: Licensed by the Texas State Board of Chiropractic
Examiners
IRO CERTIFICATION NO: IRO 5288
DATE OF REPORT: 08/03/06

Dear Dr. Bratcher:

Professional Associates has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO) (#IRO5288). Texas Insurance Code Article 21.58C, effective September 1, 1997, allows a patient, in the event of a life-threatening condition or after having completed the utilization review agent's internal process, to appeal an adverse determination by requesting an independent review by an IRO.

In accordance with the requirement for TDI-Division of Workers' Compensation (DWC) to randomly assign cases to IROs, DWC has assigned your case to Professional Associates for an independent review. The reviewing physician selected has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, the reviewing physician 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.

This case was reviewed by a physician reviewer who is Licensed in the area of Chiropractics and is currently listed on the DWC Approved Doctor List.

I am the Secretary and General Counsel of Professional Associates 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 the provider, the injured employee, the injured

M2-06-1661-01

Page Two

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.

REVIEWER REPORT

Information Provided for Review:

A DWC-41 form dated 01/26/06

A CT scan of the head interpreted by Ralph Gutierrez, M.D. dated 01/27/06

An x-ray of the chest interpreted by David Riepe, M.D. dated 01/27/06

Evaluations with Luther Bratcher, D.C. dated 02/07/06, 02/20/06, 03/10/06, 05/12/06, and 06/12/06

DWC-73 forms from Dr. Bratcher dated 02/07/06, 02/21/06, 03/21/06, 04/21/06, and 05/22/06

Chiropractic therapy with Dr. Bratcher dated 02/08/06, 02/09/06, 02/10/06, 02/13/06, 02/14/06, 02/15/06, 02/17/06, 02/20/06, 02/21/06, 02/23/06, 02/24/06, 02/28/06, 03/01/06, 03/03/06, 03/06/06, 03/09/06, 03/10/06, 03/13/06, 03/14/06, 03/21/06, 03/23/06, 03/24/06, 03/27/06, 03/28/06, 03/30/06, 03/31/06, 04/03/06, 04/10/06, 04/17/06, 04/18/06, 04/19/06, 04/20/06, 04/21/06, 04/24/06, 04/25/06, 04/26/06, 04/27/06, 04/28/06, 05/01/06, 05/02/06, 05/03/06, 05/04/06, 05/05/06, 05/08/06, 05/09/06, 05/10/06, 05/11/06, 05/12/06, 05/16/06, 05/17/06, 05/18/06, 05/22/06, 05/24/06, 06/08/06, 06/14/06, 06/15/06, 06/20/06, and 06/28/06

Letters of approval for therapy from HDI dated 02/10/06 and 02/22/06

Functional Capacity Evaluations (FCEs) with Dr. Bratcher dated 02/23/06, 04/03/06, and 05/12/06

An EMG/NCV study interpreted by Meyer L. Proler, M.D. dated 02/28/06

An MRI of the right shoulder interpreted by Robert B. Sanchez, M.D. dated 03/01/06

Letters from Dr. Bratcher dated 03/10/06, 05/24/06, and 05/25/06

A letter of non-authorization for therapy from HDI dated 04/10/06

A letter from Theresa Barnett, R.N. at HDI dated 04/13/06

Evaluations with Jennifer Brown, M.A., L.P.C. dated 04/21/06, 05/05/06, 05/12/06, and 05/18/06

Evaluations with Paula Bessonett, M.D. dated 05/05/06 and 06/05/06

An MRI of the lumbar spine interpreted by Tim J. Leihgeber, M.D. dated 05/12/06

Letters of non-authorization for work hardening from HDI dated 05/22/06 and 05/31/06

A letter from James R. Sheffield, III at Flahive, Ogden & Latson Attorneys at Law dated 06/28/06

M2-06-1661-01

Page Three

Clinical History Summarized:

A CT scan of the head interpreted by Dr. Gutierrez on 01/27/06 was negative. An x-ray of the cervical spine interpreted by Dr. Riepe on 01/27/06 was negative. Chiropractic therapy was performed with Dr. Bratcher from 02/08/06 through 06/28/06 for a total of 58 sessions. An FCE with Dr. Bratcher on 02/23/06 revealed the patient functioned in the light physical demand level. An EMG/NCV study interpreted by Dr. Proler revealed bilateral S1 and C6 radiculopathy. An MRI of the right shoulder interpreted by Dr. Sanchez on 03/01/06 revealed some findings of inferior AC joint spurring. On 03/10/06 and 05/12/06, Dr. Bratcher recommended a work hardening program. Further FCEs with Dr. Bratcher on 04/03/06 and 05/12/06 revealed the patient was functioning at the light medium physical demand level. On 04/10/06, HDI wrote a letter denying 12 more sessions of physical therapy. Four sessions of counseling were performed with Ms. Brown from 04/21/06 through 05/18/06. On 05/05/06, Dr. Bessonett prescribed Vicodin, Norflex, Effexor, and a Lidoderm patch. An MRI of the lumbar spine interpreted by Dr. Leihgeber revealed degenerative disc desiccation and minimal disc bulging at L3-L4 and L4-L5. On 05/22/06 and 05/31/06, HDI wrote letters of denial for additional work hardening. On 05/24/06 and 06/12/06, Dr. Bratcher wrote letters recommending the four more weeks of work hardening. On 06/28/06, Mr. Sheffield wrote a letter on 06/28/06 stating that a work hardening program was not medically necessary and the patient requested a Contested Case Hearing (CCH).

Disputed Services:

Work hardening program five times a week for four weeks (97545 and 97546)

Decision:

I agree with the requestor. The work hardening program five times a week for four weeks (97545 and 97546) would be reasonable and necessary.

Rationale/Basis for Decision:

Based upon the documentation, it appears the patient's most recent FCE indicated that she could function in the light medium job demand level. Based upon the supplied documentation, it appears the patient's occupation requires her to be able to function in a much higher job demand level in assisting in restraining students, as well as undergoing intensive training for prevention of aggression and physical holds. Reevaluation documentation dated 03/10/06 and 05/12/06

M2-06-1661-01

Page Four

demonstrates the patient's condition has continued to progress under the treatment provided by Dr. Bratcher. When comparing the two evaluations, range of motion studies indicate reasonable improvement and orthopedic testing indicates the patient's condition was also progressing under such treatment. Although the patient's physical demand level did not increase above light medium between 03/04/06 and 05/12/06, the patient is still not demonstrating the ability to function in a functional demand level required by the employer.

Therefore, participation in a work hardening program five times per week for four weeks would be reasonable and necessary as related to the original injury.

The rationale for the opinions stated in this report are based on clinical experience and standards of care in the area as well as broadly accepted literature which includes 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 Professional Associates is deemed to be a Division 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.

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. A request for a hearing should be faxed to 512-804-4011 or sent to:

Chief Clerk of Proceedings/Appeals Clerk
TDI-Division of Workers' Compensation
P. O. Box 17787
Austin, TX 78744

M2-06-1661-01

Page Five

A copy of this decision should be attached to the request. The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute.

I hereby verify that a copy of this Independent Review Organization's decision was sent to the respondent, the requestor, DWC, and the patient via facsimile or U.S. Postal Service this day of 08/03/06 from the office of Professional Associates.

Sincerely,

Lisa Christian
Secretary/General Counsel