

September 11, 2006

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VIA FACSIMILE  
TX Water Conservation Association  
Attention: Heather Coady

**NOTICE OF INDEPENDENT REVIEW DECISION**

**RE: MDR Tracking #: M2-06-1681-01 Amended**  
**DWC #: \_\_\_\_\_**  
**Injured Employee: \_\_\_\_\_**  
**Requestor: \_\_\_\_\_**  
**Respondent: TX Water Conservation Association**  
**MAXIMUS Case #: TW06-0111 Amended**

MAXIMUS has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The MAXIMUS IRO Certificate Number is 5348. The TDI, Division of Workers Compensation (DWC) has assigned this case to MAXIMUS in accordance with Rule §133.308, which allows for a dispute resolution by an IRO.

MAXIMUS has performed an independent review of the proposed care to determine whether or not the adverse determination was appropriate. Relevant medical records, documentation provided by the parties referenced above and other documentation and written information submitted regarding this appeal was reviewed during the performance of this independent review.

This case was reviewed by a practicing chiropractor on the MAXIMUS external review panel who is familiar with the condition and treatment options at issue in this appeal. This case was also reviewed by a practicing chiropractor on the MAXIMUS external review panel who is familiar with the condition and treatment options at issue in this appeal. The reviewer has met the requirements for the approved doctor list (ADL) of DWC or have been approved as an exception to the ADL requirement. A certification was signed that the reviewing chiropractic 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, was signed. In addition, the MAXIMUS chiropractic reviewer certified that the review was performed without bias for or against any party in this case.

Clinical History

This case concerns a 42-year old male who had a work related injury on \_\_\_\_\_. Records report that while servicing his truck with hydraulic fluid 8 feet above the ground, he was propelled 30 feet across and 8 feet down to the ground landing on his left side striking his left wrist on a metal handle. Diagnoses have included left wrist fracture, post cervical and lumbar fusion, and left knee internal derangement. Evaluation and treatment for this injury included cervical fusion, work hardening program, and chronic pain management program services.

## Requested Services

Preauthorization for 20 visits of work conditioning.

## Documents and/or information used by the reviewer to reach a decision:

### *Documents Submitted by Requestor:*

1. Letter from Patient – 6/15/06
2. Records and correspondence from Town East Rehabilitation – 1/28/05-6/15/06
3. Determination Notices – 5/24/06, 6/5/06

### *Documents Submitted by Respondent:*

1. None submitted

## Decision

The Carrier's denial of authorization for the requested services is upheld.

## Standard of Review

This MAXIMUS determination is based upon generally accepted standard and medical literature regarding the condition and services/supplies in the appeal.

## Rationale/Basis for Decision

The MAXIMUS chiropractor consultant indicated the member underwent a lumbar spinal fusion and then completed 24 post surgical therapy sessions. The MAXIMUS chiropractor consultant noted he gained some increased range of motion but other than that, his pain remained the same. The MAXIMUS chiropractor consultant also noted he made no significant change. The MAXIMUS chiropractor consultant explained he had already had a cervical fusion and work hardening program and never went back to work though it was said that he could have. The MAXIMUS chiropractor consultant indicated that he was not likely to gain anything more after 20 sessions of the same type of therapy. The MAXIMUS chiropractor consultant noted lumbar spines are less likely to respond than cervical spines. The MAXIMUS chiropractor consultant indicated that the chances that this patient will go back to medium to heavy work is highly unlikely with or without work conditioning. (Official Disability Guidelines 10<sup>th</sup> Edition, Mercy Guidelines, Haldeman, 1993.)

Therefore, the MAXIMUS chiropractic consultant concluded that the requested preauthorization for 20 visits of work conditioning is not medically necessary for treatment of the member's condition.

## **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,  
**MAXIMUS**

Lisa Gebbie, MS, RN  
State Appeals Department

cc: Division of Workers Compensation

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 7th day of September 2006.

Signature of IRO Employee: \_\_\_\_\_  
External Appeals Department