

# MCMC

## IRO Medical Dispute Resolution M2 Prospective Medical Necessity IRO Decision Notification Letter

|                              |                      |
|------------------------------|----------------------|
| <b>Date:</b>                 | <b>08/07/2006</b>    |
| <b>Injured Employee:</b>     |                      |
| <b>Address:</b>              |                      |
|                              |                      |
| <b>MDR #:</b>                | <b>M2-06-1688-01</b> |
| <b>DWC #:</b>                |                      |
| <b>MCMC Certification #:</b> | <b>IRO 5294</b>      |

### REQUESTED SERVICES:

Please review the item(s) in dispute: Pre-authorization denied for 20 sessions work conditioning.

### DECISION: Upheld

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IRO MCMCllc (MCMC) has been certified by the Texas Department of Insurance as an Independent Review Organization (IRO) to render a recommendation regarding the medical necessity of the above disputed service.

Please be advised that a MCMC Physician Advisor has determined that your request for an M2 Prospective Medical Dispute Resolution on 08/07/2006, concerning the medical necessity of the above referenced requested service, hereby finds the following:

The medical necessity for the requested 20 sessions of work conditioning is not established.

### CLINICAL HISTORY:

Records indicate that the above captioned individual, a 59-year-old male, was allegedly injured as a result of an occupational incident, which reportedly occurred on \_\_\_\_\_. The history reflects the he developed neck and right shoulder pain after catching a falling ladder during the course of his normal employment. He initially sought care at a worker's medical center where he was treated with medication management and physical therapy. MRI examination of the right shoulder dated 06/15/2004 revealed degenerative and hypertrophic changes to the acromioclavicular (AC) and glenohumeral (GH) joints, but no evidence of rotator cuff tear. X-rays dated 06/15/2004 to the right shoulder were unremarkable. X-rays of the cervical spine dated 06/15/2004 revealed advanced degenerative changes. An MRI of the cervical spine dated 06/22/2004 indicated degenerative changes with mild non-compressive stenosis of the central canal and lateral recess, as well as decreased disc space at C5/6. He was eventually diagnosed with a SLAP lesion of the right shoulder. He underwent a surgical repair on 08/11/2004. Post-

operatively, the injured individual has attended an exhaustive course of care to include over 100 post operative physical therapy visits, work hardening (10 visits), individual psychotherapy, and a chronic pain management program (20 sessions). He was examined for the purposes of determining impairment and was deemed at Maximum Medical Improvement (MMI) on 07/21/2005. A Report of Medical Exam (RME) was administered on 02/16/2006 which indicated that he was at MMI and impaired at a value of 2% Whole Person (WP) and deemed able to return to work to his tolerance.

**REFERENCES:**

References utilized in this review may include but are not limited to the ACEOM Guidelines, Official Disability Guidelines, Health Care Guidelines by Milliman and Robertson Volume 7, North American Spine Society Guidelines, Texas Medical Fee Guidelines, and Procedural Utilization Guidelines.

**RATIONALE:**

The injured individual is now 26 months post injury and two years post surgical. Moreover, the injured individual has participated in an exhaustive course of pre-surgical and post-surgical rehabilitation to include physical therapy, work hardening, and chronic pain management. Having completed some 100+ sessions of post surgical rehabilitation and the tertiary programs noted above, there would be no clear and reasonable expectations that participation in work conditioning at this juncture would result in additional progress not already realized, documented or perceived.

Additionally, there is no recent Functional Capacity Exam (FCE) or significant assessment included in the documentation to establish a baseline of objective data and to show significant deconditioning. The only recent and specific assessment predating this request is a psychosocial history that reveals that the injured individual has mild depression, mild anxiety and a past assessment that reveals that the injured individual is functioning and/or performing below his required Physical Demand Level (PDL).

Lastly, the documentation reveals two separate independent examinations for the purpose of determining Maximum Medical Improvement (MMI) and/or impairment dated 07/21/2005 and 02/16/2006. Both of these examination opined the injured individual to be at MMI and at least one opined that the injured individual was ready to return to work at some level.

Given the length of time since the injury, the opinions that the injured individual had reached MMI, the exhaustive course of post surgical rehabilitation already attended including tertiary level programs, and the lack of a recent objective baseline assessment, the medical necessity for the requested course of work conditioning is not established.

**RECORDS REVIEWED:**

- Notification of IRO Assignment dated 07/11/06
- MR-117 dated 07/11/06

- DWC-60
- DWC Report of Medical Evaluation with exam date of 02/16/06
- MCMC: IRO Medical Dispute Resolution Prospective dated 07/21/06
- MCMC: IRO Acknowledgment and Invoice Notification Letter dated 07/11/06
- Texas Mutual: Letter dated 07/20/06 regarding transmittal of checks and records for review
- Texas Mutual: Letter dated 07/20/06 from LaTrece Giles, RN
- Texas Mutual: Letter dated 05/26/06 from Denise Carver, Review Nurse
- Grace Bryant, LPN: Letter dated 05/15/06
- Denise Turboff, M.Ed.: Work Hardening Assessment Psychosocial History dated 04/27/06
- Lubor Jarolimek, M.D.: Report of Medical Evaluation dated 02/16/06 – Narrative Overview, Right Upper Extremity and Spine
- Lubor Jarolimek, M.D.: Letter dated 02/16/06
- Pain & Recovery Clinic: Summary Report-Request for Chronic Pain dated 08/21/05 from Michele Zamora, M.Ed.
- Rehab Med., Inc.: Work Hardening Program Functional training/Materials Handling Weekly Goals Update for the periods 03/21/05 to 03/25/05 and 03/14/05 to 03/18/05 from Edgar Ayeras, LTP
- Omer Ilahi, M.D.: Operative Report dated 08/11/04
- Fairmont Diagnostic Center & Open MRI: MRI cervical spine dated 06/22/04, MRI right shoulder dated 06/15/04, cervical spine radiographs dated 06/15/04
- Concentra Medical Centers: Transcription note dated 06/02/04 from Kent Erickson, M.D.

The reviewing provider is a **Licensed/Boarded Chiropractor** and certifies that no known conflict of interest exists between the reviewing Chiropractor 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 prior to referral to the IRO. The reviewing physician is on DWC's Approved Doctor List.

### **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.

This decision is deemed received by you 5 (five) days after it was mailed (28Tex.Admin. Code 102.4(h)(2) or 102.5(d)). A request for a hearing **and a copy of this decision** should be sent to:

Chief Clerk of Proceedings / Appeals Clerk  
Texas Department of Insurance Division of Workers' Compensation  
P.O. Box 17787  
Austin, Texas, 78744  
Fax: 512-804-4011

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

**In accordance with commission 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**

**7<sup>th</sup> day of August 2006.**

**Signature of IRO Employee:** \_\_\_\_\_

**Printed Name of IRO Employee:** Beth Cucchi