



CompPartners Final Report



CompPartners Peer Review Network
Physician Review Recommendation
Prepared for TDI/DWC

Claimant Name: ---
Texas IRO # : ---
MDR #: M2-06-1963-01
Social Security #:
Treating Provider: John Ledbetter, D.O.
Review: Chart
State: TX
Date Completed: 9/26/06

Review Data:

- **Notification of IRO Assignment dated 9/7/06, 1 page.**
- **Receipt of Requests dated 9/7/06, 12/8/05, 2 pages.**
- **Medical Dispute Resolution Request/Response dated 8/18/06, 3 pages.**
- **Table of Disputed Services (date unspecified), 3 pages.**
- **List of Treating Providers (date unspecified), 1 page.**
- **Letters dated 9/14/06, 9/5/06, 7/8/04, 3 pages.**
- **Notice of Privacy Practice dated 6/30/04, 1 page.**
- **Diagnostic Interview and Treatment Plan dated 5/26/06, 6 pages.**
- **Fax Cover Sheets dated 1/13/06, 11/21/05, 7/1/04, 3 pages.**
- **Report of Medical Evaluation dated 1/4/06, 1 page.**
- **Designated Doctor Examination dated 1/4/06, 7 pages.**
- **Activity Reports dated 1/4/06, 11/18/05, 8/14/05, 6/27/05, 5/26/05, 4/28/05, 2/21/05, 3/31/05, 1/20/05, 12/20/04, 10/19/04, (Date Unspecified), 12 pages.**
- **Work Status Reports dated 1/3/06, 11/18/05, 9/20/05, 8/5/05, 6/27/05, 5/26/05, 4/28/05, 3/28/05, 2/21/05, 1/20/05, 12/20/04, 10/19/04, 9/17/04, 8/12/04, 7/12/04, 6/30/04, 17 pages.**
- **Office Visits dated 1/3/06, 9/20/05, 8/5/05, 6/27/05, 5/26/05, 4/28/05, 3/28/05, 2/21/05, 1/20/05, 12/20/04, 9/17/04, 8/12/04, 7/12/04, 6/30/04, (Date Unspecified), 16 pages.**
- **Prescription dated 6/27/05, 1 page.**
- **Progress Summary dated 6/24/05, 1 page.**
- **Upper Extremity ROM/MMT Progression dated 6/24/05, 6/6/05, 1 page.**
- **Request for Accommodations dated 5/24/04, 2 pages.**
- **Employee's Requests to Change Treating Doctors dated 6/16/04, 6/8/04, 3 pages.**
- **Transmissions Activity Reports dated 9/21/04, 8/12/04, 7/14/04, 7/1/04, 5 pages.**
- **Temporary Permit dated 10/13/04, 1 page.**
- **Verification Form dated 6/30/04, 1 page.**
- **On the Job Injury Agreement dated 6/30/04, 1 page.**

Reason for Assignment by TDI/DWC: Determine the appropriateness of the previously denied request for 10 sessions of work hardening.

Determination: UPHELD - the previously denied request for 10 sessions of work hardening.

Rationale:

Patient's age: 26 years

Gender: Female

Date of Injury: ---

Mechanism of Injury: Began to feel increased numbness, tingling and pain as she worked as a data entry operator.

Diagnoses: Bilateral carpal tunnel syndrome with subsequent right median nerve release on 9/28/04.

This patient was evaluated by Bexar County Healthcare Systems by Scott E. Persinger, LCSW on 5/26/06, with regard to a work hardening program. She was complaining of increased depression due to her pain, some anxiety, moderate sharp and severe aching pain (no body part indicated). The patient had a right hand carpal tunnel release performed on 9/28/04 (corrected from 9/30/04) by Dr. Thilo Weissflog, MD. A repeat EMG/NCV was performed on 8/18/05, with a normal bilateral upper extremity impression. This report indicated that this claimant did perform part-time work as a babysitter on a temporary basis. There was no reference to a specific Functional Capacity Evaluation (FCE) to determine the work demand level. There was a Designated Doctor Examination report dated 1/4/06, from Bruce McDonald, MD., a general surgeon. He documented that the patient no longer works for this employer where she was injured and she was currently not working. On that date, her pain was 5/10 on the left wrist, and 7/10 on the right wrist. She claimed that she had weakness in the bilateral hands and wrists, which limited her ability to carry babies, cook, and hold objects for a long period of time. Muscle testing revealed 5/5 strength in the elbow extensors and flexors, as well as the hand/thumb abductor and intrinsic muscles; 2/5 strength on the right wrist extensors, and 3/5 on the left with wrist flexors 3/5, bilaterally. The forearm supinators and pronators were 4/5. Range of motion of the elbows was normal. The deep tendon reflexes were normal. Sensation was normal. Tinel's and Phalen's testing was normal. There was a 3% whole person impairment rating assigned this patient regarding loss of motion and she was determined to have reached maximum medical improvement (MMI) as of 1/4/06. The patient had received postoperative rehabilitation therapy from Liberty Rehabilitation Specialists for the upper extremity, from at least 6/6/05 to 6/24/06. The progress summary from Liberty Rehabilitation Specialists, dated 6/24/06, indicated that she had completed 6 sessions of hand therapy and that overall, her function was the same and she had made minimal progress as indicated by therapist, Emily Hinojosa, OTR, CHT. The current request is to determine the medical necessity for the previously denied 10 sessions of work hardening. The medical necessity for this request was not found at this time, with the available information. There was absolutely no indication made as to the actual work demand levels she is capable of at the time of the request. Her job classification is Data Entry Clerk/operator, which falls under a sedentary job demand level when the Department of Labor website is referenced as indicated below. Additionally, she does not have a job to return to, and there was evidence that she was capable of working out of her home doing some babysitting as recently as May 2006 as indicated by Scott E. Persinger, LCSW on 5/26/06, with regard to recommendation for a work hardening program. There was no indication of a particular FCE report indicating specific physical demand deficits below a sedentary capacity regarding the necessity for a work hardening

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program. Therefore, this request for work hardening does not meet the criteria for medical necessity regarding the Texas Department of Insurance and DWC rules and regulations and the decision is upheld to non-certify this request.

Criteria/Guidelines utilized: 1) Texas Department of Insurance and DWC rules and regulations. Texas Labor Code 408.021 and specific commission rule TWCC 134.1001 (C) (1) (A) states: The employee is specifically entitled to healthcare that: (1) Cures or relieves the effects naturally resulting from the compensable injury (2) Promotes recovery OR; (3) Enhances the ability of the injured worker to return to or retain employment. 2) 203.582-054 DATA ENTRY CLERK (clerical) alternate titles: data entry operator Operates keyboard or other data entry device to enter data into computer or onto magnetic tape or disk for subsequent entry: Enters alphabetic, numeric, or symbolic data from source documents into computer, using data entry device, such as keyboard or optical scanner, and following format displayed on screen. Compares data entered with source documents, or re-enters data in verification format on screen to detect errors. Deletes incorrectly entered data, and re-enters correct data. May compile, sort, and verify accuracy of data to be entered. May keep record of work completed. GOE: 07.06.01 STRENGTH: S GED: R3 M2 L3 SVP: 4 DLU: 89

Physician Reviewers Specialty: Chiropractor

Physician Reviewers Qualifications: Texas Licensed DC, BSRT, FIAMA Chiropractor and is also currently listed on the TDI/DWC ADL list.

CompPartners, Inc. hereby certifies that the reviewing physician or provider has certified that no known conflicts of interest exist 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 the decision before the referral to CompPartners, Inc.

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.

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, requestor, claimant and the Division via facsimile or U.S.

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Postal Service from the office of the IRO on this
day of September 26, 2006.

Signature of IRO Employee:

Printed Name of IRO Employee

Lee-Anne Strang

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