

October 11, 2006

VIA FACSIMILE
AT&T Corp/Broadspire/Ace
Attention: Pam Greer

VIA FACSIMILE
Patrick R.E. Davis, DC
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NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M2-06-1990-01
DWC #: _____
Injured Employee: _____
Requestor: Patrick R.E. Davis, DC
Respondent: AT&T Corp/Broadspire/ACE
MAXIMUS Case #: TW06-0138

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 physician on the MAXIMUS external review panel who is familiar with the condition and treatment options at issue in this appeal. This physician is board certified in neurosurgery. The reviewers have 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 providers have 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 physician reviewers certified that the review was performed without bias for or against any party in this case.

Clinical History

This case concerns an adult female who sustained a work related injury on _____. Records indicate that she developed localized pain across her right and left wrists and elbows from data entry. She was diagnosed with chronic and recurrent carpal tunnel syndrome and left cubital tunnel syndrome. Evaluation and treatment for this injury have included surgery, post-operative therapy, application of short arm splint and chiropractic treatment.

Requested Services

Preauthorization for additional physical therapy to the L-wrist and elbow 3 X WK X 3 WKS.

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

Documents Submitted by Requestor:

1. Injury Solutions – Ducanville Records and Correspondence – 5/19/06-8/2/06
2. Mary Shiels Hospital Records – 5/3/06
3. Intracorp Correspondence – 4/25/06,

Documents Submitted by Respondent:

1. Carrier's Statement dated 9/15/06.
2. Report from MRI of the lumbar spine performed on 8/3/04
3. Initial evaluation report from the Texas Back Institute dated 9/24/04
4. Report of Medical Evaluation dated 1/20/05.
5. Letter regarding a designated doctor examination dated 1/20/05
6. Report from lumbar spine x-ray performed on 4/24/06
7. Records from Dallas Spine Care from 4/26/06 to 5/24/06
8. Report from MRI of the lumbar spine performed on 5/15/06
9. Operative report from caudal epidural steroid injection performed on 6/23/06
10. Denial letters dated 7/3/06 and 7/12/06

Decision

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

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 physician consultant indicated that the patient has undergone 12 treatments with marked objective and subjective improvement. The MAXIMUS physician consultant noted that this is the second operation she has undergone, the first being for the right arm and hand. The MAXIMUS physician consultant also indicated that after undergoing therapy for the right hand and now 12 sessions on the left side, this patient could be transferred to a home based therapy program over the next 6 sessions. The MAXIMUS physician consultant noted that her job is of a low-level physical demand and thus she does not require the amount of care as someone in a high-level physical demand job. The MAXIMUS physician consultant explained that another 6 sessions of therapy with the intent of decreasing pain and increasing stability as well as transitioning the patient to home based care is indicated. The MAXIMUS physician consultant indicated that care beyond 6 additional visits is not medically necessary for this patient.

Therefore, the MAXIMUS physician consultant concluded that 6 additional physical therapy services to the L-wrist and elbow are medically necessary for treatment of the patient's

condition. The MAXIMUS physician consultant also concluded that further physical therapy services to the L-wrist and elbow are not medically necessary for treatment of this patient'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 11^h day of October 2006.

Signature of IRO Employee: _____
External Appeals Department