



Specialty Independent Review Organization, Inc.

December 15, 2005

DWC Medical Dispute Resolution
7551 Metro Center Suite 100
Austin, TX 78744

Patient: ____
DWC #: ____
MDR Tracking #: M2-06-0404-01
IRO #: 5284

Specialty IRO has been certified by the Texas Department of Insurance as an Independent Review Organization. The Division of Workers' Compensation has assigned this case to Specialty IRO for independent review in accordance with DWC Rule 133.308, which allows for medical dispute resolution by an IRO.

Specialty IRO has performed an independent review of the care rendered to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

This case was reviewed by a licensed Chiropractor. The reviewer is on the DWC ADL. The Specialty IRO health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to Specialty IRO for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

CLINICAL HISTORY

____ was injured at work on ____ while working for ____ . He measures 5'10" and weighs approximately 193 lbs according the records. He was involved in a motor vehicle accident while driving an eighteen-wheeler. The records note that the truck flipped over several times. He complained of left shoulder, left UE pain and vision problems. As of the 11/11/04 OT evaluation, Mr. ____ was complaining of left UE pain, left shoulder pain, left hand pain and left leg pain. He was evaluated and treated with passive and active therapeutics, conservative management, injections, neurodiagnostic testing and psychological testing over the past 18-20 months. He was recommended for pain management but this was denied by the carrier. A request for WH was placed forth by the treating doctor.

RECORDS REVIEWED

Records were received from the treating doctor/requestor and from the respondent. Records from the respondent include the following: TWCC 60 and attachments, 5/18/05 preauth request, note by Jerry Houchin, DO of 5-13-05, initial clinical interview by Mary Mitchell, LPC, FCE of 3/28/05, 6/20/05 preauth request, script for psych eval of 6/16/05 by Dr. Osborn, 5/25/05 DD report by Harold Marshall, MD, denial of pain management certification, denial of certification of psych eval, denial of WH program by carrier, 8/29/05 note by Dr. Osborn and 8/22/05 FCE.

The following records were received from the treating doctor. These records are in addition to any records which may have been previously listed in the respondent's records section: FCE of 5/19/05 regarding a patient which is not involved in this review (James Jorgenson), notes by Jerry Houchin, DO of 5/13/05 through 11/14/05, 8/30/05 note by Daryl Pate, DC, TWCC 32 dated 4/27/05, OT eval dated 11/11/04, 7/6/05 MRI of left shoulder, 1/11/05 lumbar MRI, 2/4/05 cervical MRI, 2/20/04 NCV and EMG by Michael McHenry, MD, 10/20/05 DD report by Dr. Marshall, initial patient intake paperwork, various TWCC 73's and SOAP notes from 05/03/05 through 08/29/05.

DISPUTED SERVICES

The disputed services include a 5x/week (8 hrs per day) for six weeks work hardening program. (97545/97546).

DECISION

The reviewer agrees with the previous adverse determination.

BASIS FOR THE DECISION

The reviewer notes that this gentleman has not improved throughout the course of care with physical medicine. It is interesting to note that from the 3/28/05 to the 8/22/05 FCE's that there was absolutely no improvement in the patient's pain scales, lifting abilities, functional abilities, static activities, dynamic activities, grip strengths, box lifts, material handling tests, cardiovascular or psychosocial screenings. In fact, the vast majority of the tests did not change from one test to the other. The Oswestry score was a 72% on each occasion.

According to Saunders, entrance criteria for a work hardening program include the following: 1) client is unable to return to previous levels of employment because of pain or dysfunction 2) there is a reasonably good prognosis for improved employment as a result of WH 3) patient has a clear job oriented goal 4) the goal is attainable in 6-8 weeks 5) client does not have a psychological diagnosis that interferes with this progress 6) WH is not medically contraindicated. The reviewer states that this patient does not meet criteria numbers 2, 3 and 5. The gentleman has not improved through physical medicine, he does not note a clear job oriented

goal and he does appear to have some form of psychological or symptom magnification syndromes that are limiting his ability to obtain functional improvement at this point.

REFERENCES

Saunders, R Industrial Rehabilitation, Techniques for Success, 1995 The Saunders Group. pp 20-1.

Specialty IRO has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. Specialty IRO has made no determinations regarding benefits available under the injured employee's policy. Specialty IRO believes it has made a reasonable attempt to obtain all medical records for this review and afforded the requestor, respondent and treating doctor an opportunity to provide additional information in a convenient and timely manner.

As an officer of Specialty IRO, Inc, dba Specialty IRO, I certify that the reviewing 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.

Sincerely,

Wendy Perelli, CEO

CC: Specialty IRO Medical Director

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,

Wendy Perelli, CEO

I hereby certify, in accordance with TDI/DWC- Rule 102.4 (h), that a copy of this Independent Review Organization decision was sent to the via facsimile, U.S. Postal Service or both on this 15th day of December 2005

Signature of Specialty IRO Representative:

Name of Specialty IRO Representative: Wendy Perelli