

MEDICAL REVIEW OF TEXAS

[IRO #5259]

10817 W. Hwy. 71

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Austin, Texas 78735

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NOTICE OF INDEPENDENT REVIEW DETERMINATION

TDI-WC Case Number:	
MDR Tracking Number:	M2-06-0547-01
Name of Patient:	
Name of URA/Payer:	
Name of Provider: (ER, Hospital, or Other Facility)	
Name of Physician: (Treating or Requesting)	Rowena Archibald, MD

January 24, 2006

An independent review of the above-referenced case has been completed by a medical physician board certified in neurology. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by Texas Medical Foundation, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

Medical Review of Texas (MRT) hereby certifies that the reviewing physician is on the Division of Workers' Compensation Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to MRT.

Sincerely,

Michael S. Lifshen, MD
Medical Director

cc: Rowena Archibald, MD
Division of Workers' Compensation

Documents Reviewed

CorVel letter 01/03/06 to Tina Carr/ Connie Higdon Texas Municipal League. Letters from Flayhive, Ogden, & Latson of 12/29/05 and 01/12/06. Functional capacity evaluation of 10/05/05. Preauthorization determination from CorVel of 11/11/05. Multiple progress notes from Rowena Archibald, M.D. Whole body bone scan of 04/11/05. Progress notes from M. Beth Nickels, M.D. Job description for airport police officer . Letter from Kimberly Eggelstom 01/06/06. OccMed Associates, LP recommendation for work conditioning 09/28/05.

CLINICAL HISTORY

A 41-year old female police officer at with a work related inguinal hernia repair on and placement of synthetic mesh. Postoperative pain with reexploration due to possible inguinal nerve impingement. Continued postoperative pain. Returned to light duty.

REQUESTED SERVICE(S)

Work conditioning five times per week four hours per day for thirty visits.

DECISION

Denied.

RATIONALE/BASIS FOR DECISION

The claimant has been returned to light duty work. The PDL reflected, as noted, that the claimant is capable of medium to heavy Physical Demands Classification consistent with job demands and can continue to improve strength and overall fitness with a home exercise program.

Certification of Independence of Reviewer

As the reviewer of this independent review case, I do hereby certify that I have no known conflicts of interest between the 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.

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.

Chief Clerk of Proceedings
Division of Workers' Compensation
P.O. Box 17787
Austin, Texas 78744

Or fax the request to (512) 804-4011. A copy of this decision must be attached to the request.

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

In accordance with 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 25th day of January 2006.

Signature of IRO Employee: _____

Printed Name of IRO Employee: Marc Salvato