



Specialty Independent Review Organization, Inc.

March 28, 2006

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

Patient: ____
DWC #: ____
MDR Tracking #: M2-06-0931-01
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

Mr. ____ was injured on ____ while working for ____ . The history prior to the date of surgery, September 14, 2005, is non-existent in the paperwork provided by any of the parties to this review. The surgical procedure consisted of a left L4/5 laminotomy, facetectomy, discectomy and foraminotomy. The 12/16/05 report by T. Meeks, PT indicates that the patient's ROM is full. The January report by Dr. Moorehead indicates that the patient has no radicular symptoms, full ROM and 5/5 manual muscle testing. The 2/15/06 report by Dr. McMillan indicates that the patient requires a more aggressive therapy protocol. According to the review of 2/20/06 by Dr. Hassett, the patient underwent 30 sessions of post-surgical rehabilitation at that point.

RECORDS REVIEWED

Records were received from the respondent and from the requestor/treating doctor. Records from the respondent include the following: 3/13/06 letter from Doug Mahan, 2/9/06 and 2/20/06 case summary reports from Concentra, various HICFA 1500's, notes by Dipti Patel, DC from 2/13/06 through 2/16/06, 2/20/06 denial by Robert Hassett, DO and 2/9/06 report of adverse determination.

Records from the TD/requestor include some of the above in addition to the following: PT progress note of 12/16/05, 1/19/06 subsequent medical report by W. Moorehead, MD, PT, 2/15/06 request for reconsideration letter and 2/28/06 subsequent medical report by Dr. McMillan.

The reviewer requested further information in the form of the operative report during the course of the review. The treating doctor's office was requested to send this information via fax. This report was received and forwarded to the reviewer on 3/24/05.

REQUESTED SERVICES

The services under dispute are a twelve-visit physical rehabilitation protocol consisting of 97110, 97140 and 97112 to the lumbar spine. The protocol will be at a three sessions per week times four weeks.

DECISION

The reviewer agrees with the previous adverse determination.

BASIS FOR THE DECISION

The reviewer indicates that the patient has progressed to a point where his ROM's and strength are within the normal limits expressed within the AMA Guides to the Evaluation of Permanent Impairment, Fourth Edition. The reviewer indicates that further therapeutics do not appear to be necessary with the documentation provided by all of the parties. There was not an FCE to indicate at which PDL this patient is functioning. There is also no job description to mention where this gentleman's PDL needs to be to return to work. There are not progress reports, which indicate more than basic ROM and MMT. This is not to say that this person has reached MMI; however, that the documentation provided does not indicate the medical necessity of the services requested.

REFERENCES

Reed P The Medical Disability Advisor v4.21, 2003

Wisneski, Ronald, et al. "Lumbar Disc Disease." The Spine. Herkowitz, H.N., et al., eds. Philadelphia: W.B. Saunders, 1999. 613-673

McFarland C Burkhart D Rehabilitation Protocols for Surgical and Nonsurgical Procedures- Lumbar Spine. N. Atlantic Books, 1999. p 47-62.

Brotzman S Wilk K Clinical Orthopaedic Rehabilitation, Second Edition Mosby, 2003. 555-601.

Medicare Policy Payment Guidelines

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 DWC via facsimile, U.S. Postal Service or both on this 28th day of March 2006

Signature of Specialty IRO Representative:

Name of Specialty IRO Representative: Wendy Perelli