May 1, 2006

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

Patient: ___
DWC #:
MDR Tracking #: M2-06-1107-01
IRO #: 5284

Specialty IRO has been certified by the Texas Department of Insurance as an Independent Review Organization. The TDI-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 proposed care 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

According to the records reviewed, Mr. ___ was injured on. The injured employee was working for . Mr. ___ works as a general laborer and was injured while standing on a stack of pipes and moving/pushing the pipes with his feet. Mr. ___ stepped on a short pipe and lost his footing and his left leg was caught between the pipes. The patient was diagnosed with a crushing injury to the left lower leg. According to the records submitted the patient had underwent approximately 36 sessions of therapy and 20 sessions of work hardening. The patient's current functional level is rated at a medium heavy job level according to an FCE.

RECORDS REVIEWED

Medial Dispute Resolution paperwork
Pre-authorization review paperwork

Review from Law Offices of Jeffrey Lust
Concentra UR Appeal Peer Review Summary
Records from Pain & Recovery Clinic
Report from Lone Star Orthopedics—Dr. Berliner
Report from Dr. Snell
Gulf Coast DME records
Reports from Dr. Lamarra
MRI and X-ray from North Houston Imaging Center
Report from Dr. Jarolimek
Report from Denise Turboff
Gulf Coast Functional Testing records
Report from Dr. Vamer
Report from Dr. Martinez

REQUESTED SERVICE

The item in dispute is the prospective medical necessity of work hardening x 10 sessions.

DECISION

The reviewer agrees with the previous adverse determination.

BASIS FOR THE DECISION

The basis for the determination is based upon the Medical Disability Advisor, Medical Fee Guidelines specific to Work Hardening, Industrial Rehabilitation-Techniques for Success, and Occupational Medicine Practice Guidelines. Specifically, a Work Hardening program should be considered as a goal oriented, highly structured, individualized treatment program. The program should be for persons who are capable of attaining specific employment upon completion of the program and not have any other medical, psychological, or other condition that would prevent the participant from successfully participating in the program. The patient should also have specifically identifiable deficits or limitations in the work environment and have specific job related tasks and goals that the Work Hardening program could address. Generic limitations of strength range of motion, etc. are not appropriate for Work Hardening. The patient is currently functioning at a medium-heavy PDL and there is no specific job requirements provided in the documentation that would necessitate an increase from that level. General limitations that do not specifically correspond to job limitations do not meet the requirement for Work Hardening. Mr. ___ also exceeds the normative data for treatment and treatment guidelines as established by the Official Disability Guidelines and the Medical Disability Advisor.

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

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 DWC- Rule 102.4 (h), that a copy of this Independent Review Organization decision was sent to the carrier, requestor, claimant (and/or the claimant's representative) and the Division via facsimile, U.S. Postal Service or both on this 1st day of May 2006

Signature of Specialty IRO Representative:

Name of Specialty IRO Representative: Wendy Perelli