



Specialty Independent Review Organization, Inc.

May 31, 2006

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

Patient:
DWC #:
MDR Tracking #: M2-06-1292-01
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

The records that were received and reviewed indicated that ___ was working for the ___ when he was injured in a work related accident on ___. Ms. ___ was working at ___ as a general laborer when she injured her right shoulder while pulling a large trashcan that was filled with water and felt a sharp burning pain in the shoulder. The patient underwent shoulder surgery on 12-1-2005. The patient underwent post-operative rehabilitative care and the issue under review is the request for a Work Conditioning program.

RECORDS REVIEWED

State Office of Risk Management; Forte Notice of Utilization Review Findings; EMG and NCV by Dr. Chuang; MRI of right forearm; MRI of right hand; MRI of right wrist; MRI of right shoulder; Lubbock Diagnostic and Testing Center—FCE's; Judy Holt RN; Merritt Chiropractic; Lubbock Occupational Health Center; Robert King MD; Northstar Surgery Center; Dmitry; Golovko MD; Brian Buck MD; Talina Tovar; Forte Records

REQUESTED SERVICE

The item in dispute is the prospective medical necessity of a work conditioning program daily for 2 weeks or 10 sessions.

DECISION

The reviewer disagrees with the previous adverse determination.

BASIS FOR THE DECISION

The basis for the determination is based upon the Medical Disability Advisor, 1996 Medical Fee Guidelines specific to Work Conditioning, Industrial Rehabilitation-Techniques for Success, and Occupational Medicine Practice Guidelines. Specifically, a Work Conditioning 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 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 Conditioning program could address.

The patient had specifically identifiable functional limitations due to her injury. This is identified in the patient's FCE. The patient was tested at a light PDL when her job requires a medium to heavy PDL. The patient is identified as a general laborer and without proper rehabilitation Ms. ___ could become permanently disabled/restricted from full duty and be unable to fully return to the workforce without limitations. A ten-day period of work conditioning would be considered reasonable and necessary for a patient to reintegrate into the workplace. The carrier denied the pre-authorization for Work Conditioning based on lack of psychological testing and screening. Work Conditioning is a single disciplinary approach to rehabilitation aimed at assisting a patient in returning to work. Work Conditioning is generally for patient's who do not have psychological or behavioral issues that need to be addressed as opposed to Work Hardening.

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 31st day of May 2006

Signature of Specialty IRO Representative:

Name of Specialty IRO Representative: Wendy Perelli