



Specialty Independent Review Organization, Inc.

July 5, 2006

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

Patient: ____
DWC #: ____
MDR Tracking #: M2-06-1439-01
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 Doctor of Chiropractic. 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 the job on ____ while employed with ____ . The records indicate the injury occurred when he struck his right elbow on a "truck latch" on two separate occasions on the date of injury. A 7/27/05 MRI indicates altered signal within the common extensor tendon's origin with edema. He had surgery in December of 2005 and has completed two months of post-surgical rehabilitation.

RECORDS REVIEWED

Records were received and reviewed from the Treating doctor and from the respondent. Records from the respondent include the following: 6/8/06 letter by Patricia Blackshear, 3/15/06 review by Gary Ierna, DC, 5/16/06 letter from SA Spine and Rehab, 3/29/06 reconsideration request by

Jason Eaves, DC, 3/1/06 PPE, 2/20/06 UE evaluation by Alamo Orthopaedics, 2/14/06 BHA report, PES, PSS, McGill, Oswestry, BAI, BDI and Sleep scales of 2/14/06, 5/30/06 letter by Gregory Solcher and TWCC 60 with components.

Records from the treating doctor include some of the above with the additional records listed below: TWCC advisory 96-11.

REQUESTED SERVICE

The requested service is a 30-session work hardening program.

DECISION

The reviewer disagrees with the previous adverse determination.

BASIS FOR THE DECISION

The reviewer indicates that notes of the post-surgical rehabilitation program were not provided by either party so that the efficacy of the rehab program could be evaluated. This would be helpful to determine the progress of the patient to this point.

According to Brotzman, the rehabilitation protocol for lateral epicondylar surgery should last between 8 and 12 weeks. It indicates that between week 8 and week 12 task specific functional training (i.e. work hardening) should be performed with a return to activity.

The NASS phase III guidelines indicate work hardening should be performed after an initial rehabilitation protocol of 0-8 weeks, followed by an additional 0-8 weeks of rehabilitation protocols. The study by Schonstein, et al indicates that WH is an effective treatment for chronic pain.

According to Saunders, the entrance criteria for a WH program is as follows: 1) pt is unable to work secondary to pain/dysfunction 2) reasonably good prognosis for improved employment capability as a result of this program 3) clear job oriented goal to RTW 4) patients goal is attainable in 6-8 weeks 5) no psychological barrier to improvement 6) WH is not contraindicated. The work hardening exit/discharge criteria are as follows: 1) goals met 2) pt stops progressing 3) contraindication 4) pt wishes to discontinue 5) pt is noncompliant.

Mr. ___ meets the criteria for criteria 1, 2, 3, 5 and 6. The only questionable criterion is number 4, which indicates that this goal is attainable in 6-8 weeks secondary to the lack of rehabilitation notes. The determination of discharge from the program will need to be determined during the program utilizing the exit criteria noted above. Should the patient become noncompliant or stop progressing during the program, he should be dismissed and evaluated for MMI.

REFERENCES

NASS Phase III Guidelines

Brotzman S Wilk K Clinical Orthopaedic Rehabilitation, Second Edition, Mosby 2003. p 104-15.

Schonstein E, Kenny DT, Keating J, Koes BW Work conditioning, work hardening and functional restoration for workers with back and neck pain Cochrane Database Syst Rev. 2003;(1):CD001822

Saunders, R Industrial Rehabilitation-Techniques for Success, Saunders Group, 1995

Evidence Based Medical Guidelines

Reed, P Medical Disability Advisor, 2003

The Database of Abstracts of Reviews of Effectiveness (University of York) Database no.: DARE-968185. In: The Cochrane Library, Issue 4, 1999. Oxford.

Penimake T et al. Long-term follow-up of conservatively treated chronic tennis elbow patients. A prospective and retrospective analysis. Scand J Rehab 1998 Sep; 30(3):159-66.

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 via facsimile, U.S. Postal Service or both on this 5th day of July 2006

Signature of Specialty IRO Representative:

Name of Specialty IRO Representative: Wendy Perelli