

December 7, 2006

VIA FACSIMILE
San Antonio Spine & Rehab
Attention: Lori

VIA FACSIMILE
Service Lloyd
Attention: Robert Josey

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M2-07-0181-01
DWC #: _____
Injured Employee: _____
Requestor: San Antonio Spine & Rehab
Respondent: Service Lloyd
MAXIMUS Case #: TW06-0154

MAXIMUS has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The MAXIMUS IRO Certificate Number is 5348. The TDI, Division of Workers Compensation (DWC) has assigned this case to MAXIMUS in accordance with Rule §133.308, which allows for a dispute resolution by an IRO.

MAXIMUS has performed an independent review of the proposed care to determine whether or not the adverse determination was appropriate. Relevant medical records, documentation provided by the parties referenced above and other documentation and written information submitted regarding this appeal was reviewed during the performance of this independent review.

This case was reviewed by a practicing chiropractor on the MAXIMUS external review panel who is familiar with the condition and treatment options at issue in this appeal. This case was also reviewed by a practicing physician on the MAXIMUS external review panel who is familiar with the condition and treatment options at issue in this appeal. This physician is board certified in neurosurgery. The reviewers have met the requirements for the approved doctor list (ADL) of DWC or have been approved as an exception to the ADL requirement. A certification was signed that the reviewing providers have 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, was signed. In addition, the MAXIMUS physician reviewers certified that the review was performed without bias for or against any party in this case.

Clinical History

This case concerns an adult male who sustained a work related injury on _____. The case file records indicate that while lifting a box by dolly as a warehouse worker, he injured his neck and shoulder. Diagnoses have included adhesive capsulitis and frozen shoulder. Evaluation and treatment for this injury has included CT scan, MRI, physical therapy, shoulder surgery, and medications.

Requested Services

Preauthorization for work hardening 30 sessions.

Documents and/or information used by the reviewer to reach a decision:

Documents Submitted by Requestor:

1. San Antonio Spine and Rehab Records and Correspondence - 7/5/06-9/21/06
2. Determination Notices – 8/21/06,
3. Alamo Orthopaedics and Arthroscopic Surgery Associates Records and Correspondence -6/5/06

Documents Submitted by Respondent:

1. Determination Notices – 8/10/06, 8/21/06,
2. Correspondence from Harris & Harris – 10/27/06,

Decision

The Carrier's denial of authorization for the requested services is upheld.

Standard of Review

This MAXIMUS determination is based upon generally accepted standard and medical literature regarding the condition and services/supplies in the appeal.

Rationale/Basis for Decision

The MAXIMUS chiropractor consultant indicated the patient has a frozen shoulder (adhesive capsulitis) that usually becomes a self-limiting entity. The MAXIMUS chiropractor consultant noted this problem could last from a few weeks up to two years. The MAXIMUS chiropractor consultant also noted he has already had physical therapy post surgery and he still has the same problem. The MAXIMUS chiropractor consultant explained that doing more of the same therapy only at a higher intensity level is unlikely to produce dramatic results. The MAXIMUS chiropractor consultant indicated the patient can be taught a home based stretching and exercise program that will accomplish the same results and will not create a physician dependency problem. The MAXIMUS chiropractor consultant noted that when he was evaluated on 6/5/06, he was found to have made excellent progress in his motion and the pain had resolved. The MAXIMUS chiropractor consultant indicated the member was doing well and therefore 30 visits of work hardening is not indicated. The MAXIMUS chiropractor consultant noted that the patient might have to consider returning to a lighter type of work as the condition resolves over time. The MAXIMUS chiropractor consultant explained that the functional capacity evaluation is not enough documentation to warrant 30 visits of work hardening in this case. (ACOEM, 2003, chapters 6, 8, 9. ODG-TWC chapters Neck & shoulder upper back pain. Interdisciplinary Pain Management Programs Medical Rehab Standards, Tucson, AZ, American Pain Society, 2000.)

Therefore, the MAXIMUS physician consultant concluded that the preauthorization request for work hardening 30 sessions is not medically necessary for treatment of the patient's condition.

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,
MAXIMUS

Lisa Gebbie, MS, RN
State Appeals Department

cc: Division of Workers Compensation

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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 7th day of December 2006.

Signature of IRO Employee: _____
External Appeals Department