Medical Review Institute of America, Inc.
America's External Review Network

February 8, 2007

TX DEPT OF INS DIV OF WC
AUSTIN, TX 78744-1609

CLAIMANT: ___
EMPLOYEE: ___
POLICY: M2-07-0730-01
CLIENT TRACKING NUMBER: M2-07-0730-01

Medical Review Institute of America (MRIoA) has been certified by the Texas Department of Insurance as an Independent Review Organization (IRO). The Texas Department of Insurance Division of Workers Compensation has assigned the above-mentioned case to MRIoA for independent review in accordance with DWC Rule 133 which provides for medical dispute resolution by an IRO.

MRIoA 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. Itemization of this information will follow.

The independent review was performed by a peer of the treating provider for this patient. The reviewer in this case is on the DWC approved doctor list (ADL). The reviewing provider has no known conflicts of interest existing 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.

Records Received:

Records Received From the State:
Notification of IRO assignment, 1/12/07
Notice of receipt of request for Medical Dispute Resolution, 1/5/07
Medical Dispute Resolution Request/Response, 1/5/07
Table of Disputed Services
Denial letter, 12/11/06

Denial letter, 12/19/06

Records Received From the Requestor:

Functional Capacity Assessment, 12/4/06

Work Hardening Assessment Psychosocial History, 12/5/06

Preauthorization request, 12/6/06

Request for reconsideration, 12/14/06

Request for approval, 1/18/06

Records Received From the Respondent:

Prescription for EMS device, 11/22/06

Fitting and Patient Acceptance form, 11/22/06

First Choice Mediquip release form, 11/22/06

Prescription and Statement of Medical Necessity, 11/27/06

Work/School Release, 9/23/06

Texas Workers' Compensation Work Status Report, 9/26/06

Initial Medical Report, 9/26/06

Employers First Report of Injury or Illness, 9/25/06

Texas Workers' Compensation Work Status Report, 10/02/06

Office note, 10/2/06

Office note, 10/3/06

Office note, 10/30/06

Texas Workers' Compensation Work Status Report, 10/26/06

Texas Workers' Compensation Work Status Report, 11/30/06

Approval letter, 11/10/06

Provider, patient, facility, and adjuster information

Daily Progress Note, 9/21/06

Office note, 11/10/06

Office note, 11/13/06

Office note, 11/17/06

Office note, 11/21/06

Office note, 11/22/06

Office note, 11/24/06

Texas Workers' Compensation Work Status Report, 12/27/06

Denial letter, 12/11/06

Denial letter, 12/19/06

Fee schedule, 2005

Miscellaneous Information

Fax cover sheet from Angie V to RSL Contractors Ltd, 11/30/06

Fax cover sheet from Angie V to RSL Contractors Ltd, 12/27/06

Fax cover sheet from Annie Valdez to Jimmy Miramontes, 9/20/06

Fax cover sheet from Amy to RSL contractors, 9/23/06
Fax cover sheet from Angie V to RSL Contractors Ltd, 10/26/06

Summary of Treatment/Case History:
The patient is a 24-year-old male injured on ___. The patient had a non surgical fracture of the left 5th metacarpal. The patient is right hand dominant. The fracture apparently healed uneventfully. The patient is a construction worker and requires to function at heavy work level. The patient had a functional capacity evaluation on 12/4/06 which indicated he was at the moderate work level. The patient had a psychological evaluation that indicated no significant psychological problems. He was noted to be level headed, improving and anxious to return to work. The present pain levels are note to be in 2-3/10 level. There has been a request for work hardening program which was denied. Appeal was denied as well. The appeal letter of 1/18/07 indicates that the patient had fractures of the 4th and 5th left metacarpals. Review of notes from the orthopedic surgeon indicates that the patient had a non displaced 5th metacarpal fracture only. This was splinted and by 10/30 x-ray showed good alignment and callous formation. The splint was removed. The patient was sent for therapy. The patient was approved for 9 therapy sessions. These were done.

Questions for Review:
Item(s) in Dispute: Pre-Authorization request for 20 sessions of work hardening CPT #97545 and #97546. Medical necessity.

Explanation of Findings:
The medical necessity for a work hardening program is not established and there is agreement with the prior denials. The patient had a non displaced 5th metacarpal fracture of the non dominant hand. There is no evidence to support the statement in the appeal letter of a 4th metacarpal fracture as well. The patient had callous formation by 10/30/06 and the splint was removed at that point. The patient went through 9 therapy sessions with supposed good compliance and improvement. The therapy documentation did not include an initial evaluation or documentation of specific objective findings and goals throughout the therapy notes. There is no range of motion or strength evaluations documented. There is no indication of any ongoing problem with the hand other than mild to moderate discomfort with use of the hand. It is now over 4 months since the fracture. The fracture should be well healed without any restrictions in use. There is no reason why the patient is restricted in any activity level. There is no reason why the patient could not have remained active throughout his time off from work. There is no indication of chronic debilitating pain.

The functional capacity evaluation indicated less than maximal effort. There were no significant psychological problems noted. The documentation does not indicate any reason why the patient cannot work on an independent endurance and strengthening program. There is no rationale for an

intensive work hardening program for what appears to be a healthy young male with only some residual discomfort with left hand grip.

Conclusion/Decision to Not Certify:
Item(s) in Dispute: Pre-Authorization request for 20 sessions of work hardening CPT #97545 and #97546. Medical necessity.

Medical necessity for the requested work hardening program is not supported by the documentation.

Applicable Clinical or Scientific Criteria or Guidelines Applied in Arriving at Decision:
Clinical review

References Used in Support of Decision:
Internal chart evidence

This reviewer is Board certified in Physical Medicine & Rehabilitation (1979). The physician providing this review is a Diplomate, American Academy of Physical Medicine and Rehabilitation; and Diplomate, American Board of Electrodiagnostic Medicine. This reviewer is a member of the American Spinal Injury Association, American Academy of Physical Medicine and Rehabilitation, State Academy of Physical Medicine and Rehabilitation, and State Medical Society. This reviewer has held various academic positions, is currently an Adjunct Associate Professor, and has authored numerous publications. The reviewer has additional training in Acupuncture. This reviewer is licensed to practice in four states and has been in practice since 1978.

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.

Chief Clerk of Proceedings /
Appeals Clerk
P. O. Box 17787
Austin, TX 78744

A copy of this decision should be attached to the request. The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute

In accordance with Division Rule 102.4(h), 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 8 day of Feb/2007.

_____
Raquel Goodbeau

MRIoA is forwarding this decision by mail, and in the case of time sensitive matters by facsimile, a copy of this finding to the treating provider, payor and/or URA, and the DWC.

It is the policy of Medical Review Institute of America to keep the names of its reviewing physicians confidential. Accordingly, the identity of the reviewing physician will only be released as required by state or federal regulations. If release of the review to a third party, including an insured and/or provider, is necessary, all applicable state and federal regulations must be followed.

Medical Review Institute of America retains qualified independent physician reviewers and clinical advisors who perform peer case reviews as requested by MRIoA clients. These physician reviewers and clinical advisors are independent contractors who are credentialed in accordance with their particular specialties, the standards of the American Accreditation Health Care Commission (URAC), and/or other state and federal regulatory requirements.

The written opinions provided by MRIoA represent the opinions of the physician reviewers and clinical advisors who reviewed the case. These case review opinions are provided in good faith, based on the medical records and information submitted to MRIoA for review, the published scientific medical literature, and other relevant information such as that available through federal agencies, institutes and professional associations. Medical Review Institute of America assumes no liability for the opinions of its contracted physicians and/or clinician advisors. The health plan, organization or other party authorizing this case review agrees to hold MRIoA harmless for any and

all claims which may arise as a result of this case review. The health plan, organization or other third party requesting or authorizing this review is responsible for policy interpretation and for the final determination made regarding coverage and/or eligibility for this case.

1282663.1
Case Analyst: Raquel G ext 518

cc: Requestor and Respondent