



Specialty Independent Review Organization, Inc.

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November 14, 2006

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

Patient: \_\_\_\_  
DWC #: \_\_\_\_  
MDR Tracking #: M2-07-0050-01  
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 records received and reviewed, Mr. \_\_\_\_ was injured in a work related accident on \_\_\_\_\_. The injured employee was working from \_\_\_\_\_ when he tripped and fell and struck his knee on a piece of equipment and twisted his right knee as he fell. The injured employee works as a warehouse receiver at the \_\_\_\_\_. The patient sustained an injury to the right knee consisting of a meniscal tear. Dr. Reuben recommended surgery, but the patient opted not to pursue surgery. The records reflect that the patient's treatment has included joint injections, prescription medication, physical modalities and physical rehabilitation. The current request is for 20 sessions of work hardening.

## RECORDS REVIEWED

Records included but were not limited to:

Medial Dispute Resolution paperwork

Reports from Health Direct Inc.

Reports from Dr. Raymond

Request for Pre-Authorization from Injury Center of Houston

Letter from Flahive, Ogden & Latson

Reports from Dr. Reuben

Report from Healthtrust

Report from Mobile Kinetics

MRI's from Doctors' Imaging Center

Report from Dr. Tiongson

Report from Dr. Berkman

## REQUESTED SERVICE

The item in dispute is the prospective medical necessity of 20 session of work hardening.

## DECISION

The reviewer agrees with the previous adverse determination.

## BASIS FOR THE DECISION

The reviewer states that 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. When considering the entrance criteria of a Work hardening program, in Mr. \_\_\_'s particular case, given the fact that the patient has a torn meniscus, there is no reason to expect that a Work hardening program would correct a meniscal tear of the knee. The meniscal tear would also be considered a medical condition that would prohibit participation in the program. Although the patient could possibly attend a Work Hardening program, the patient would not be able to receive the full benefit of the program given the meniscal tear. In addition, there is a question as to whether there would be a benefit from the program. The reference that the treating doctor provides, Frank, is specific to low-back injuries and would not apply to Mr. \_\_\_. According to Industrial Rehabilitation, a maximum trial period of two week duration should be utilized for patients who may benefit from the Work Hardening program but do not meet all of the entrance criteria. Thus a four-week program of Work hardening is not medically necessary. This is not to say that Mr. \_\_\_ does not need additional

care or that he does not have a significant injury, only that Work Hardening for 20 sessions cannot be supported in this case.

#### REFERENCES

Medical Disability Advisor, Medical Fee Guidelines specific to Work Hardening, Industrial Rehabilitation-Techniques for Success, and Occupational Medicine Practice Guidelines

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 14<sup>th</sup> day of November 2006**

**Signature of Specialty IRO Representative:**

**Name of Specialty IRO Representative: Wendy Perelli**