



Specialty Independent Review Organization, Inc.

November 30, 2006

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

Patient: ____
DWC #: ____
MDR Tracking #: M2-07-0260-01
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

According to the records reviewed, ____ was injured in a work related accident on ____ while employed with ____ . The records show that the injured employee was attempting to sit on a bicycle with a tool box on the back of the bicycle, when it flipped up and he fell injuring his back and neck. He also reported pain into his left upper extremity with numbness in the hand. The facility providing the requested service is Lake Area Therapy and Rehab.

The basis for the determination is based upon the Medical Disability Advisor, 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 using real or simulated work activities in conjunction with conditioning tasks. 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 Conditioning program could address. Generic limitations of strength range of motion, etc. are not appropriate for a return to work program. The patient does not meet the entrance criteria to a work conditioning program. The entrance criteria or the deficits and limitations are not clearly established. The documentation supplied states, "since we have no documentation of a valid assessment of his physical capacities...it is questionable as to whether Mr. ___ would be able to return to his previous job as a boilermaker and may require some retraining. However, this issue as well requires better documentation of what physical capacity he has." Without an entrance examination of meeting the entrance criteria for work conditioning, the work conditioning program can not be considered medically necessary at this time. It should also be noted that the patient has been placed at MMI on 10-2-2006. This is not to say that the patient will not need or is not entitled to additional care, but just that the services requested are not deemed necessary based on the information.

RECORDS REVIEWED

Records were received from the insurance carrier and from the treating provider.

Records included but were not limited to:

Medial Dispute Resolution paperwork

Multiple EOB's

Non-Authorization from CBMCS

Reports from CBMCS/Genex

X-ray report from Southeast Texas Imaging

Report from Molly Lee RN

Reports from Tower Medical Center of Nederland

Reports from Neurology and Pain Clinic

Reports from Lake Area Therapy & Rehabilitation

Report from Dr. Ilahi

Report from Dr. Jezic with electrodiagnostics

Medical Progress Notes from Dr. Yusuf

Reports from Dr. Sassard

MMI evaluations from Dr. McCrae—MMI on 10-2-2006

Cervical MRI report

Report from LeAnne Bradley PT with FCE—medium PDL/inconsistent performance

IME from Dr. Hood

Letter from Lake Area Therapy & Rehabilitation

CT scan of the Cervical Spine from American Open MRI

REQUESTED SERVICE

The services under dispute are a Work Conditioning program for daily times two weeks totaling 10 sessions.

DECISION

The reviewer agrees with the adverse determination.

BASIS FOR THE DECISION

The basis for the determination is based upon the Medical Disability Advisor, 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 using real or simulated work activities in conjunction with conditioning tasks. 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 Conditioning program could address. Generic limitations of strength range of motion, etc. are not appropriate for a return to work program. The patient does not meet the entrance criteria to a work conditioning program. The entrance criteria or the deficits and limitations are not clearly established. The documentation supplied states, "since we have no documentation of a valid assessment of his physical capacities...it is questionable as to whether Mr. ___ would be able to return to his previous job as a boilermaker and may require some retraining. However, this issue as well requires better documentation of what physical capacity he has." Without an entrance examination of meeting the entrance criteria for work conditioning, the work conditioning program can not be considered medically necessary at this time. It should also be noted that the patient has been placed at MMI on 10-2-2006. This is not to say that the patient will not need or is not entitled to additional care, but just that the services requested are not deemed necessary based on the information provided by the parties to review.

REFERENCES

Reed, P Medical Disability Advisor, 2005

DWC Medical Fee Guidelines

Saunders, R Industrial Rehabilitation-Techniques for Success

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 30th day of November 2006

Signature of Specialty IRO Representative:

Name of Specialty IRO Representative: Wendy Perelli