



Specialty Independent Review Organization, Inc.

February 6, 2007

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

Patient: \_\_\_\_  
DWC #: \_\_\_\_  
MDR Tracking #: M2-07-0748-01  
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 records received and reviewed, the above mentioned patient was employed by \_\_\_\_\_ as an injection mold operator when he was filling and lifting a box when he injured his low back on \_\_\_\_\_. The records state that the patient underwent numerous diagnostics tests and treatment including lumbar injections.

#### RECORDS REVIEWED

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

Records included but were not limited to:  
Medial Dispute Resolution paperwork  
Utilization reviews by Liberty Mutual

Report by Dr. Casey  
MMPI-2  
Report by HR Havens  
Records from Fort Worth HealthCare Systems  
Reviews by MRIOA  
Request for Appeal by Fort Worth HealthCare Systems

### REQUESTED SERVICE

The requested service is a 10 session work conditioning program.

### DECISION

The reviewer agrees with the previous adverse decision.

### 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. Although the patient had some limitations identified in the FCE, these limitations are not specific to the work place or job functions. It should also be noted that the records submitted are very limited in scope. There is minimal information regarding the treatment that the patient has undergone and the response to such treatment. There is insufficient documentation to document the medical necessity of work conditioning. The FCE also demonstrates that the patient has significant lifting abilities as noted in the lift task testing; arm lift max-106 lb, torso lift max-223 lb, leg lift max-216 lb, high far lift max-74 lb, floor lift max-205 lb, high near lift max-159 lb. This is not to say that Mr. \_\_\_ does not need additional care or that he does not have a significant injury to his lumbar region, only that the documentation does not support the medical necessity for work conditioning.

### REFERENCES

Official Disability Guidelines  
Medical Disability Advisor  
Medical Fee Guidelines specific to Work Hardening  
Industrial Rehabilitation-Techniques for Success  
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 6<sup>th</sup> day of February 2007**

**Signature of Specialty IRO Representative:**

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