

MCMC

IRO Medical Dispute Resolution M2 Prospective Medical Necessity IRO Decision Notification Letter

Date:	5/17/05
Injured Employee:	
Address:	
MDR #:	M2-05-1470-01
TWCC #:	
MCMC Certification #:	5294

REQUESTED SERVICES:

Review the request for approval for work hardening program, ten sessions.

DECISION: UPHELD

MCMC llc (MCMC) is an Independent Review Organization (IRO) that has been selected by The Texas Workers' Compensation Commission (TWCC) to render a recommendation regarding the medical necessity of the above requested service.

Please be advised that a MCMC Physician Advisor has determined that your request for an M2 Prospective Medical Dispute Resolution on 4/20/05, concerning the medical necessity of the above referenced requested service, hereby finds the following:

Ten sessions of a work-hardening program are not medically necessary.

CLINICAL HISTORY:

The injured worker is a 33-year-old female who was injured in a work-related incident on ___ in which she allegedly fell off a ladder and injured her head, neck, shoulder, mid back and low back. Loss of consciousness is questioned. She continued to work and was seen by Dr. Flasdick who on 10/05/2004 ordered a brain MRI, which was negative. On 10/13/2004 she began treatment with a chiropractor Clifford Rogers, D.C. Dr. Rogers took the injured individual out of work. Spinal radiographs of the cervical, thoracic and lumbar areas were normal. Because of continued head pain, a head CT was ordered and was negative, but a large scalp contusion was noted. Treating diagnoses included shoulder and arm sprain, cervical and lumbar sprain.

On 12/07/2004 the injured individual was evaluated at Health South Evaluation Center for a required medical examination with Melissa Tonn, M.D. The results of that examination indicate that there were no neurological deficits, there was inconsistency in location isolation of her head injury, she was able to move her arms and shoulder freely during her examination and her physical capacity was likely higher than demonstrated. Her employer has provided a work opportunity consistent with her physical capacity and her pain should be adequately controlled with over the counter medications.

On 12/15/2004, Dr. Rogers ordered a lumbar MRI, which was interpreted as normal with the exception of a diffuse disc bulge at L5-S1 with relative central canal and bilateral foraminal canal stenosis.

On 01/18/2005 the injured individual was seen by Harold Marshall, M.D., for a designated doctor evaluation to provide a determination on maximum improvement. As part of his examination he performed upper and lower extremity EMG/NCV testing with normal results. His opinion was the injured individual was not at MMI and would likely reach MMI with an additional three months of physical therapy and strengthening.

On 03/03/2005, the injured individual's lumbar MRI was evaluated at Southwest Orthopedic Group by Michael Albrecht, M.D. with conclusions that the interpreted findings were present prior to the trauma. He further opined that there was no medical necessity established for surgical intervention.

RATIONALE:

In evaluating this case, there is no evidence that the injured worker suffered a serious injury and will have any permanent residuals from it. The records also reflect that she has received an appropriate amount of treatment for her alleged injuries. In reviewing the CDs of her activities of daily living, there is no evidence that she is manifesting restrictions in any of her activities secondary to any pain alleged. I observed her going up and down steps, getting in and out of a Ford Expedition, picking up a child, leaning over to buckle a seat belt, crawling across the back seat of the vehicle and exiting the opposite side and lifting bags into the back of her SUV. At no time did I note that she had any restricted movement of her neck, arms, torso or low back. From a physical perspective, there is no observed indication that a work hardening program is medically necessary.

The records do not provide appropriate examination data that includes physical capacities and physical demand levels (PDL) required for her job compared to PDLs attained. Without this information, there is no documented basis for the request.

Overall, there is no medical or clinical support for the request for a work hardening program.

RECORDS REVIEWED:

- TWCC Notification of IRO Assignment
- TWCC MR-117
- TWCC-60
- Forte: Notices of Utilization Review Findings dated 2/18/05, 2/28/05
- The Zenith: Notices of Disputed Issues and Refusal to Pay Benefits dated 3/3/05, 3/9/05

- Ft. Worth Physicians' Diagnostic and Treatment Center, Ltd.: Reports of X-rays of Cervical Spine, Thoracic Spine and Lumbar Spine dated 10/14/04
- Patterson Medical Diagnostics: Report of MRI of the lumbar spine dated 12/15/04
- MRI Group and Oak Park Pain Management: Report of MRI of Brain without contrast dated 10/5/04
- Harold D. Marshall, MD: EMG/NCV report dated 1/18/05
- Health South Evaluation Center-Ft. Worth: Required Medical Examination dated 12/7/04
- Southwest Orthopaedic Group: Medical record review by Michael Albrecht, MD dated 3/3/05
- Marshall Physical Medicine and Rehabilitation, PA: Designated Doctor Evaluation dated 1/18/05

REFERENCE:

Occupational Medicine Practice Guidelines, Chapters 6-12, ACOEM, 2004

The reviewing provider is a Licensed Chiropractor and certifies that no known conflict of interest exists between the reviewing Chiropractor and any of the treating providers or any providers who reviewed the case for determination prior to referral to the IRO.

Your Right to Request A Hearing

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within 10 (ten) days or your receipt of this decision (28Tex.Admin. Code 142.5©.)

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28Tex.Admin. Code 148.3©.)

This decision is deemed received by you 5 (five) days after it was mailed (28Tex.Admin. Code 102.4(h)(2) or 102.5(d)). A request for a hearing **and a copy of this decision** should be sent to:

Chief Clerk of Proceedings / Appeals Clerk
Texas Workers' Compensation commission
P.O. Box 17787
Austin, Texas, 78744
Fax: 512-804-4011

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 commission 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

17th day of May 2005.

Signature of IRO Employee: _____

Printed Name of IRO Employee: _____