

MAXIMUS

February 3, 2003

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M5-03-0282-01
TWCC #:
Injured Employee:
Requestor:
Respondent:
----- Case #:

----- has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). -----' IRO Certificate Number is 5348. Texas Worker's Compensation Commission (TWCC) Rule §133.308 allows for a claimant or provider to request an independent review of a Carrier's adverse medical necessity determination. TWCC assigned the above-reference case to ----- for independent review in accordance with this Rule.

----- has performed an independent review of the proposed care to determine whether or not the adverse determination was appropriate. Relevant medical records, documentation provided by the parties referenced above and other documentation and written information submitted regarding this appeal was reviewed during the performance of this independent review.

This case was reviewed by a practicing chiropractor on -----'s external review panel. -----'s chiropractor reviewer signed a statement certifying that no known conflicts of interest exist between this chiropractor and any of the treating physicians or providers or any of the physicians or providers who reviewed this case for a determination prior to the referral to ----- for independent review. In addition, -----'s chiropractor reviewer certified that the review was performed without bias for or against any party in this case.

Clinical History

This case concerns a gentleman who sustained a work related injury on ----- . The patient reports an injury to his right and left ankle. The diagnoses for this patient are unspecified closed fracture of the right ankle, unspecified left ankle knee fracture, other joint derangement, instability of joint. The patient has participated in a work hardening program.

Requested Services

Work Hardening program from 10/8/01 through 11/14/01.

Decision

The Carrier's determination that these services were not medically necessary for the treatment of this patient's condition is upheld.

Rationale/Basis for Decision

-----'s chiropractor reviewer noted that the patient had sustained a work related injury on -----. -----'s chiropractor reviewer also noted that the patient was treated with a work hardening program. -----'s chiropractor reviewer explained that based on the documentation provided, there is no indication as to why this patient was placed into Work Hardening by the treating physician. -----'s chiropractor reviewer also explained that the documentation provided did not show orthopedic or neurological testing. -----'s chiropractor reviewer further explained that the documentation provided for review did not demonstrate the necessity of a work hardening program. Therefore, -----'s chiropractor consultant concluded that the Work Hardening program from 10/8/01 through 11/14/01 was not medically necessary to treat this patient's condition.

Sincerely,

State Appeals Department