

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective January 1, 2002 and Commission Rule 133.305 and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division (Division) assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent.

The Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that work hardening and FCE were not medically necessary. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Division has determined that work hardening and FCE fees were the only fees involved in the medical dispute to be resolved. As the treatment was not found to be medically necessary, reimbursement for dates of service from 8/16/01 to 8/24/01 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 17th day of March 2003.

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division

CRL/crl

NOTICE OF INDEPENDENT REVIEW DECISION

Date: March 13, 2003

Requester/ Respondent Address : Rosalinda Lopez
TWCC
4000 South IH-35, MS-48
Austin, Texas 78704-7491

RE:
MDR Tracking #: M5-03-0044-01
IRO Certificate #: 5242

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ___ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any

documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a Family Practice physician reviewer who is board certified in Family Practice. The Family Practice physician reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

The claimant was reportedly injured on ___ as a result of a part fell off an airplane and hit his left foot. The claimant was initially diagnosed with left heel contusion and was started on conservative treatment regimen including physical therapy and non-steroidal anti-inflammatory medication. According to a peer review by ___, the claimant's left ankle MRI revealed a partial tear of the anterior talofibular ligament. The claimant was also evaluated by an orthopedic surgeon, ___, who allowed the patient to return to light duty work as of 6/13/01. The claimant's employer, ___, did not have a light-duty position. Therefore, the claimant was prescribed a functional capacity evaluation (FCE), and a work hardening program.

Requested Service(s)

Review the medical necessity of the outpatient services rendered between 8-16-01 to 8-24-01 (Work hardening and FCE)

Decision

I agree with the insurance carrier that the services in dispute should be denied, as they were not medically necessary.

Rationale/Basis for Decision

The fact that the claimant's employer does not have a light-duty position is not a medical necessity for FCE and work hardening. The described work injury is a heel contusion and a torn ankle ligament, which is in the healing phase. Rehabilitation for an ankle/heel injury is essentially a walking/stepping program, with some stair climbing, possibly with the use of Theraband for strengthening. The claimant has already had a course of physical therapy. The following rehabilitation can easily be performed as a home exercise program, requiring no further supervision. Additionally, the medical necessity of a work hardening program includes the necessity of group therapy/psychological counseling. The work injury was just a couple of months old, and there was no clear documentation of any psychological problems arising from the compensable work injury. This further supports that a home-based rehabilitation program would be equally effective. A formal FCE to evaluate whether the claimant is physically fit to return to work, after a foot injury, is excessive. Keeping non-injured body parts in condition is part of any home exercise program.

This decision by the IRO is deemed to be a TWCC decision and order.

In accordance with Commission Rule 102.4(h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to TWCC via facsimile or U.S. Postal Service from the office of the IRO on this 13th day of March 2003.