

MDR Tracking Number: M5-03-0063-01

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.

Dates of service 8/22/01 through 8/24/01 were out of the year rule, therefore will not be addressed further in this Finding and Decision.

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 the work hardening rendered was not medically necessary.

Based on review of the disputed issues within the request, the Division has determined that work hardening fees were the only fees involved in the medical dispute to be resolved. As the treatment, (work hardening) was not found to be medically necessary, reimbursement for dates of service from 8/27/01 through 10/1/01 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 20th day of November 2002.

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division

CRL/crl

NOTICE OF INDEPENDENT REVIEW DECISION

Date: November 14, 2002

RE: MDR Tracking #: M5-03-0063-01
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 Chiropractic physician. The Chiropractic 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 sustained a right ankle injury at work on _____. Arthroscopy was first performed on 2/4/00 and again in November of 2000. The claimant was admitted into a work hardening program on 8/22/01 and released from this program on 10/1/01. Functional capacity exams document no improvement in physical demand levels from 9/10/01 to 1/29/02.

Requested Service(s)

Work hardening program from 8/22/01 through 10/1/01

Decision

I agree with the insurance carrier and previous peer review that the work hardening program was not medically necessary.

Rationale/Basis for Decision

The documentation available fails to support the medical necessity of a work hardening program. The initial functional capacity exam documents the claimant functioning at a sedentary physical demand level with submaximal effort during lift capacity and isometric strength testing. Submaximal effort would indicate the claimant was not a good candidate for a work hardening program. Furthermore, the program itself did not appear to be well structured or individualized to returning this claimant to his previous job. There is no job description outlined in the initial work up or any individualized job specific tasks structured to return the claimant to his previous type work. It appears the claimant had extensive therapeutic exercise to increase strength and cardiovascular endurance. There was no gait training documented, no stair or ladder climbing documented, no specific instruction provided on body mechanics for injury prevention in relation to the ankle injury. This was not an individualized program and does not qualify for a work hardening program in this reviewer's opinion.

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