

MDR Tracking Number: M5-03-0131-01

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 assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. Therefore, in accordance with §133.308(q)(9), the Commission **Declines to Order** the respondent to refund the requestor for the paid IRO fee.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was the only issue** to be resolved. The work hardening program was found to not be medically necessary. The respondent raised no other reasons for denying reimbursement.

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

Noel L. Beavers  
Medical Dispute Resolution Officer  
Medical Review Division

NLB/nlb

## **NOTICE OF INDEPENDENT REVIEW DECISION**

**Date:** December 12, 2002

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

**RE: MDR Tracking #:** M5-03-0131-01  
**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 reviewer who is board certified in chiropractic. 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 case at hand involves a claimant who was injured while on-the-job on \_\_\_\_. Allegedly, the claimant injured her left wrist while lifting a panel door, which was a normal part of her job description. The documentation indicates that the claimant had pre-existing Psoriasis. The claimant began chiropractic treatment soon after her injury which progressed for 9 months. An MRI examination of the left wrist and hand dated 04/25/2001 indicated minimal ligamentous sprain. An electromyogram study of the left wrist indicated ulnar entrapment and neuropathy. The claimant underwent an independent medical exam on 08/23/2001 which produced 0% impairment. She later underwent a Designated Doctor Exam on 11/13/2001 which produced 2% whole person impairment. The claimant underwent 9 weeks of work hardening under her chiropractor from 10/08/2001 through 12/14/2001.

### **Requested Service(s)**

I have been asked to present a decision regarding the medical necessity of work hardening conducted from 10/08/2001 through 12/14/2001.

### **Decision**

I agree with the insurance carrier that work hardening rendered to the claimant from 10/08/2001 through 12/14/2001 was not medically necessary.

### **Rationale/Basis for Decision**

The work hardening program was not started until 7 months post-injury and the natural history for such an injury is typically 10-14 weeks. In the documentation presented, it is apparent that, prior to the beginning of work hardening, the treating doctor recommended that the claimant choose an occupation that was less physically demanding than the prior one for her return into the work force. Yet, the apparent focus of the belated work hardening was to return her to the capacity required for her occupation at the time of her injury. Finally, with the presence of pre-existing Psoriasis and a correlative description of a symptomatic flare up in the distal aspects of

both upper extremities at the time of her second impairment rating , it is unlikely that the claimant would ever attain a pain free state with full strength and range of motion in the left wrist.

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 13<sup>th</sup> day of December 2003.