

**THIS DECISION HAS BEEN APPEALED. THE
FOLLOWING IS THE RELATED SOAH DECISION NUMBER:
SOAH DOCKET NO. 453-03-3301.M5**

MDR Tracking Number: M5-03-0177-01

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.

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 office visits 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 office visit 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 9/3/01 to 9/25/01 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 9th day of April 2003.

Noel L. Beavers
Medical Dispute Resolution Officer
Medical Review Division

NLB/nlb

NOTICE OF INDEPENDENT REVIEW DECISION

April 2, 2003

Rosalinda Lopez
Program Administrator
Medical Review Division
Texas Workers Compensation Commission
4000 South IH-35, MS 48
Austin, TX 78704-7491

RE:

MDR Tracking #:	M5-03-0177-01
IRO Certificate #:	IRO 4326

The ___ 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 rendered 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 matched peer with the treating health care professional. This case was reviewed by a health care professional licensed in chiropractic care. ___ health care professional 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

This patient sustained a work-related injury on ___ when he slipped on a wet floor and landed on his left side and injured his left shoulder. An MRI of the shoulder revealed the appearance of some mild rotator cuff tendonitis with no other abnormalities. Electromyography/Nerve conduction studies revealed findings consistent with ulnar motor neuropathy bilaterally in the distal area, but no evidence of focal neuropathy or radiculopathy. The patient was under the care of a chiropractor and underwent work hardening, and office visits from 09/03/01 through 09/25/01.

Requested Service(s)

Work hardening program and office visits from 09/03/01 through 09/25/01

Decision

It is determined that the work hardening program and office visits from 09/03/01 through 09/25/01 were not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

The medical record documentation indicates that neither the functional capacity evaluation (FCE) performed on 07/11/01 nor the consultation report dated 07/24/01 give any recommendation for a work hardening program. Both the FCE and the treating doctor recommended continuation of the active rehabilitation that the patient had been receiving. The FCE performed on 04/30/01 revealed that the treatments that the patient was already receiving were improving his range of motion, strength, flexibility, etc. There is no documentation in the medical record to indicate the rationale for entering the patient into a work hardening program versus continuation of the active rehabilitation. There is no indication that the patient was a candidate for a work hardening program other than the work hardening assessment that only evaluated psychological aspects. There is not sufficient clinical documentation to substantiate the medical necessity for the patient to complete a work hardening program from 09/03/01 through 09/25/01. Therefore, the work hardening program and office visits from 09/03/01 through 09/25/01 were not medically necessary.

Sincerely,