

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, office visits and FCEs were found to not be medically necessary. The respondent raised no other reasons for denying reimbursement.

This Order is hereby issued this 10th day of January 2003.

Noel L. Beavers
Medical Dispute Resolution Officer
Medical Review Division

NLB/nlb

NOTICE OF INDEPENDENT REVIEW DECISION

Date: December 18, 2002

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

RE: MDR Tracking #: M5-03-0246-01
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. 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 suffered an amputation of the distal phalanx of the right middle finger by a saw, while at work on _____. The patient was unable to have the severed finger re-attached. She underwent passive and active care by her company doctor. She then went through a work hardening program with _____.

Requested Service(s)

Please review and address the medical necessity of the outpatient services rendered 09/19/2001-10/30/2001.

Decision

I agree with the insurance company that the medical services rendered 09/19/2001 - 10/30/2001 were not medically necessary.

Rationale/Basis for Decision

Based upon the documentation provided, a work hardening program which began 8 months post injury would not be medically necessary. The work hardening program consisted of many activities that do not relate to her injury. The claimant used a treadmill, wobble board, therapy ball and intersegmental traction which are all activities used to rehabilitate other areas of the body, not her hand. The patient lost a portion of her finger and was given 8% whole body impairment. There is no reason that an ample rehabilitation program could not have been devised in the home, with perhaps some monthly PT visits for measurement of progress and progression of exercises. The documentation does not support the medical necessity of a formal work hardening program

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

<p>In accordance with Commission Rule 102.4(h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requester and claimant via facsimile or U.S. Postal Service from the office of the IRO on this 19th day of December 2002.</p>
