

MDR Tracking Number: M5-03-0311-01

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, office visits and FCE was 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, office visits 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 10/8/01 to 12/6/01 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 19th day of December 2002.

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division

CRL/crl

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 #: M5-03-0311-01
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 was an employee of ___ on ___ when he injured himself at work. The claimant slipped and fell on his outstretched arms. He was treated with conservative care for carpal tunnel syndrome bilaterally, but eventually was treated surgically. The claimant had carpal tunnel release surgery on 08/31/2000 on his right wrist and on 11/21/2000 on his left wrist. He underwent post-operative rehabilitation and on 03/19/2001 he had good range of motion, good grip strength and no positive orthopedic tests. On 05/02/01 an independent medical exam was performed and the claimant was found to be at maximum medical improvement and given a 0% whole person impairment. The claimant did have mild positive Tinel's bilaterally. On 07/20/2001 a designated doctor performed an evaluation on the claimant and agreed on the maximum medical improvement no later than 05/02/01.

He presented to ___ on 08/30/2001 for treatment. The chiropractor treated the claimant from 08/30/2001 through 12/06/2001 for his injuries. He was treated with chiropractic and attended a work hardening program.

Requested Service(s)

Please review and address the medical necessity of the outpatient services rendered 10/08/2001 – 12/06/2001.

Decision

I agree with the insurance company that the medical services rendered from 10/08/2001 – 12/06/2001 were not medically necessary.

Rationale/Basis for Decision

The claimant has completed his treatment for his compensable work injury. He was released from care on 03/19/2001 with good grip strength and good range of motion and no complaints of pain. He was given a 0% impairment rating on 05/02/2001. There is nothing documented showing that the claimant should not have received a 0% rating. There were no disputes of the

0% impairment rating, therefore indicating that his case should have been closed. At that time his compensable injury benefits on this claim should have ended. His treating doctor releasing him from care would have allowed the claimant to return to work. A work hardening program is not necessary for a patient that had been allowed back to work over five months prior to the onset of treatment.

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