

MDR Tracking Number: M5-03-0373-01

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 IRO reviewed a work hardening program rendered from 10-22-01 to 11-9-01 that were denied based upon "U".

The Medical Review Division has reviewed the IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. Consequently, the requestor is not owed a refund of the paid IRO fee.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On February 12, 2003, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice.

The requestor did not submit any medical reports to support services denied by carrier based upon "A" and "F". Therefore, reimbursement for these services is not recommended.

This Decision is hereby issued this 18th day of July 2003.

Elizabeth Pickle
Medical Dispute Resolution Officer
Medical Review Division

NOTICE OF INDEPENDENT REVIEW DECISION

Date: December 17, 2002

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

RE: MDR Tracking #: M5-03-0373-01
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

Based on a review of records, the claimant was diagnosed with contusions of the left wrist and left elbow. The claimant received about 30 chiropractic therapy sessions from 8/8/01 through 9/27/01. An MRI of the left wrist on 8/29/01 was essentially normal. On 9/10/01 an MRI of the left elbow revealed mild soft tissue edema along the posterolateral aspect of the elbow. At the end of the chiropractic therapy sessions, on 10/02/01, the claimant had a Functional Capacity Evaluation and is noted that, "patient appears strong when distracted, and when knowingly observed". A work hardening program was initiated on or about 10/10/01 and lasted till 11/13/01 totaling 22-sessions. On 12/19/01 and 1/28/02, the doctor opines that a work hardening program is not medically necessary. On 3/13/02, another doctor also opines that a work hardening program is not medically necessary.

Requested Service(s)

I have been asked to review the medical necessity of the work hardening dates of service of 10/22/01 through 10/26/01, and 11/6/01 through 11/9/01.

Decision

I agree with the insurance carrier that the dates of service 10/22/01 though 10/26/01, and 11/6/01 through 11/9/01 are not medically necessary.

Rationale/Basis for Decision

The rationale for this decision is based on treatment received prior to the onset of the work hardening program and the lack of clinical evidence required for such services, including but not limited to, the lack of psychological factors that are required for the multidisciplinary treatment

of a work hardening program. Based on the provided documentation, there is no evidence that suggests that the work hardening program was the appropriate treatment. It is also my opinion that the claimant would have benefited best with a well-coordinated, self-managed home exercise program. The requested services were neither medically necessary nor cost effective. After reviewing the chart, I find that my opinions are in concert with those opinions rendered by the doctors.

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 the carrier, the requester and claimant via facsimile or U.S. Postal Service from the office of the IRO on this 17th day of December 2002.