

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 10/1/01 to 11/20/01 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 15th day of January 2003.

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division

CRL/crl

NOTICE OF INDEPENDENT REVIEW DECISION

Date: December 24, 2002

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

RE: MDR Tracking #: M5-03-0381-01
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 sustained a crush type injury to his right hand on _____. He went to the hospital and was admitted for evaluation. He was unable to have surgery due to the inflammation of the local tissues. He was given pain medications and returned on 08/10/2002 for surgery to his right hand. He began therapy, but was unhappy with his progress so he changed treating doctors to the chiropractor. The Chiropractor treated the claimant for several months with stretching, joint mobilization, kinetics and myofascial treatment before referring him to a work hardening program. He attended a work hardening program and was released back to work with permanent job restrictions.

Requested Service(s)

Please review and address the medical necessity of the outpatient services rendered 10/01/2001 – 11/02/2001 and 11/12/2001 including work hardening, office visits and functional capacity evaluation.

Decision

I agree with the insurance company the outpatient services rendered 10/01/2001 – 11/02/2001 and 11/12/2001 including working hardening, office visits, and the functional capacity evaluations were not medically necessary.

Rationale/Basis for Decision

The patient was treated with physical therapy and chiropractic care from a few days post-injury (08/08/2000) until 12/17/2001. The doctor treated the claimant 3 times a week for the majority of the treatment period except from the end of 09/01 – 11/12/01 when the patient was in a work hardening program. During the beginning of the treatment protocol it appeared that the claimant was continually improving, but according to documentation the active therapies began to show less improvement over the longevity of the treatment. A referral for a work hardening program does not appear reasonable due to the fact that the patient had performed many of the necessary exercise protocols during his treatment with the doctor. Any additional care beyond this should have been focused on a new treatment approach. Beginning a work hardening program over one year post-injury was not necessary, as most of the exercises had already been given to the claimant. As the claimants treatment reached a plateau he should have had the opportunity to go back to his job with his noted permanent job restrictions. The claimant was given an 8% whole body impairment for his work injury on 09/20/2001 from the doctor and noted he felt the patient would not change by 3%. At this point the patient's therapy to his right hand would have reduced to a long-term home exercise program.

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