

MDR Tracking Number: M5-03-0438-01

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 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 fees were the only fees involved in the medical dispute to be resolved. As the treatment (work hardening) was not found to be medically necessary, reimbursement for dates of service from 11/26/01 to 1/4/ is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 6th day of December 2002.

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division

CRL/crl

December 4, 2002

CORRECTED

David Martinez
TWCC Medical Dispute Resolution
4000 IH 35 South, MS 48
Austin, TX 78704

MDR Tracking #: M5-03-0438-01
IRO #: 5251

___ has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this 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 care rendered to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed Medical Doctor who is both specialized and board certified in Physical Medicine and Rehabilitation. The ___ health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors 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 the dispute.

CLINICAL HISTORY

___ fell, twisting his left knee on ___ while working as a furniture mover. He subsequently underwent ACL reconstruction on two occasions. The records also mention an arthroscopic meniscectomy. It appears the first ACL surgery was done on 8/9/00 but the records are inconsistent and unclear about the dates of the second and third surgeries. Following the surgeries, ___ underwent an FCE on 11/8/01 which found him to be at a medium-light physical demand level, which was below the physical demands of his present job. ___ at the ___ recommended a work conditioning/work hardening program. ___ apparently started the work conditioning program. and After seven days, at the recommendation of ___, he was switched to a work hardening program to address psychosocial issues as well as physical conditioning. ___ work hardening objective was apparently to attain the fitness state required of a computer repair technician so that he could pursue vocational retraining after work hardening. On the other hand, it appears that the treating orthopedic surgeon and the ___ nurse case manager envisioned the patient returning to his previous employer at modified duty, which was reported as being available. ___ completed the work hardening program. An FCE on 1/8/02 indicated that he had reached the medium-heavy physical demand level.

DISPUTED SERVICES

Under dispute is the medical necessity of the work hardening program provided to ___ from 11/26/01 through 1/4/02.

DECISION

The reviewer **disagrees** with the prior adverse determination.

BASIS FOR THE DECISION

In November, 2001, the ___ appeared to meet reasonable criteria for entrance into a work conditioning/work hardening program: 1) He had not worked in many months; 2) He exhibited features of deconditioning with respect to his previous physical demand level; 3) He had an intention and opportunity to return to gainful employment directly upon completion of work hardening; 4) His injury had reached a point of stability subsequent to active medical and surgical interventions. The documentation of the reasons for switching the patient into work hardening after a brief period in work conditioning was pertinent and sufficient justification for the added psychosocial component of multidisciplinary work hardening.

The reviewer finds that based upon the conditions in effect on 11/26/01, the participation of the patient in a work hardening program was reasonable and medically necessary.

As an officer of ____, I certify that there is no known conflict between the reviewer, ____ and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

____ is forwarding this finding by US Postal Service to the TWCC.

Sincerely,