

MDR Tracking Number: M5-03-0499-01

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

This Order is hereby issued this 29th day of January 2003.

Noel L. Beavers
Medical Dispute Resolution Officer
Medical Review Division

NLB/nlb

NOTICE OF INDEPENDENT REVIEW DECISION

January 16, 2003

Rosalinda Lopez
Program Administrator
Medical Review Division
Texas Workers Compensation Commission
4000 South IH-35, MS 48
Austin, TX 78704-7491

RE: MDR Tracking #: M5-03-0499-01
IRO Certificate #: 4326

___ 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 rendered 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 matched peer with the treating health care professional. This case was reviewed by a health care professional licensed in chiropractic care.

health care professional 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

This 60 year old female sustained a work-related injury on ___ when she twisted her right wrist while throwing a bag of wet diapers into the trash receptacle. She was diagnosed with a wrist strain/sprain. The initial treatment consisted of passive modalities. In July 2001 the patient was referred for active treatment that included work hardening, office visits, psychotherapy and functional capacity evaluation (FCE), rendered from 10/22/01 through 01/22/02.

Requested Service(s)

Work hardening, office visits, psychotherapy, and FCE rendered from 10/22/01 through 01/22/02.

Decision

It has been determined that the work hardening, office visits, psychotherapy and FCE, rendered from 10/22/01 through 01/22/02, were not medically necessary.

Rationale/Basis for Decision

The documentation fails to provide rationale to substantiate the medical necessity for the work hardening, office visits, psychotherapy and FCE rendered from 10/22/01 through 01/22/02. Specifically, the clinical record does not contain any documentation that supports the need for the multidisciplinary, work hardening approach to the patient's care. There are no specific indications that the patient was suffering from any psychosocial overlay complicating her symptomatology and delaying her recovery. The documentation notes that the patient progressed during the work hardening, however she apparently also progressed during the previous active care without psychotherapy. The documentation does not adequately explain why work hardening was then preferable over other forms of active care. Standards of care would dictate that work hardening would be the preferable course of care only when psychological overlay is present and documented. A psychological evaluation was apparently performed on 10/17/01, however the results were not included in the documentation presented for review. In the absence of documentation indicative of significant psychosocial overlay, the work hardening, psychotherapy and associated office visits and FCE were not medically necessary.

Sincerely,