

THIS DECISION HAS BEEN APPEALED. THE FOLLOWING IS THE RELATED SOAH DECISION NUMBER:

SOAH DOCKET NO. 453-03-2811.M5

MDR Tracking Number: M5-03-0607-01

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 program was found to not be medically necessary. The respondent raised no other reasons for denying reimbursement.

This Order is hereby issued this 26th day of February 2003.

Noel L. Beavers
Medical Dispute Resolution Officer
Medical Review Division

NLB/nlb

NOTICE OF INDEPENDENT REVIEW DECISION

February 19, 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 #: M5-03-0607-01
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 25 year old male sustained a work-related injury on ___ when he lacerated his left hand. The patient's laceration was repaired in the emergency department at ___ in ___ and the patient underwent followup care with a chiropractor. The patient participated in a work hardening program from 01/23/02 to 02/15/02.

Requested Service(s)

Work hardening program from 01/23/02 to 02/15/02.

Decision

The work hardening program from 01/23/02 to 02/15/02 was not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

The patient was injured in a work-related injury on ___ and he sustained a laceration on the back of the left hand that caused a partial laceration of the extensor carpi radialis longus tendon, which was surgically repaired on 09/27/01. A second surgery was performed on 10/04/01 and the patient was returned to available light duty work on 10/08/01. The patient underwent a functional capacity evaluation on 01/17/02 that revealed he was functioning at the light-medium physical demand level and his previous job required him to function at the medium physical demand level.

The work hardening program was not medically necessary, as employment was available from the employer within the physical demand level the patient was capable of performing as of 01/17/02. Additionally, the medical record documentation from the work hardening

program did not substantiate that a multidisciplinary work hardening program addressing the functional, physical, behavioral, and vocational needs of the patient was required for the rehabilitation of the patient. Therefore, the work hardening program from 01/23/02 to 02/15/02 was not medically necessary.

Sincerely,