

MDR Tracking Number: M5-03-0796-01

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 was not found to be medically necessary, reimbursement for dates of service from 1/23/02 to 2/25/02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 22nd day of April 2003.

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division

CRL/crl

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

April 4, 2003

Re: IRO Case # M5-03-0796

Texas Worker's Compensation Commission:

___ has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule 133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IRO's, TWCC assigned this case to ___ for an independent review. ___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, ___ received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a physician who is Board Certified in Physical Medicine and Rehabilitation. He or she has signed a certification statement attesting 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 referral to ___ for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The ___ reviewer who reviewed this case has determined that, based on the medical records provided, the requested treatment was not medically necessary. Therefore, ___ agrees with the adverse determination regarding this case. The reviewer's decision and the specific reasons for it, is as follows:

History

The patient was injured on ___ when he tripped and fell while carrying a large wooden post. He injured his left shoulder, neck, low back and left knee. The patient apparently had had prior back surgery. He was treated with medication and physical therapy. An orthopedic surgeon who was consulted recommended a work hardening program.

Requested Service(s)

Work hardening program 1/23/02 – 2/25/02

Decision

I agree with the carrier's decision to deny the requested work hardening program.

Rationale

The patient suffered injuries to his shoulder, neck, back and knee on ___. He was initially treated with physical therapy until 6/22/01, after which he was discharged to a home exercise program. He underwent further diagnostic testing and then started a work hardening program in January 2002 on the recommendation of a consulting orthopedic surgeon. There was no documentation presented for this review that the patient ever attempted to return to work in any capacity. Further, no documentation was presented of deficits preventing the patient from returning to work, no description of what is job actually is, except that on one occasion it required that he carry a wooden post. An FCE would have been helpful to identify his deficits and document the need for a multi disciplinary

work hardening program. The medical necessity of a work hardening program has not been demonstrated in the documents submitted for this review.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.

Sincerely,
