

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

SOAH DOCKET NO. 453-03-2905.M5

MDR Tracking Number: M5-03-0807-01

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 program 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 program 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 12/26/01 to 1/25/02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 18th day of March 2003.

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division

CRL/crl

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

February 4, 2003

Re: IRO Case # M5-03-0807

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, Rule133.308 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 IROs, 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 Doctor of Chiropractic who is licensed by the State of Texas. 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 determination of the ___ reviewer who reviewed this case, based on the medical records provided, is as follows:

History

The patient was injured on ___ when the school bus she was driving flipped over while making a right turn. She struck her head and injured her neck and lower back. She had another auto accident on ___ when her vehicle struck a pole, totaling the vehicle. The patient received chiropractic care before beginning the work hardening program in dispute.

Requested Service

Work hardening program 12/26/01 through 1/25/02

Decision

I agree with the carrier's decision to deny the requested treatment.

Rationale

From the documentation presented for review it appears that the patient's response to chiropractic care was minimal, as her initial symptoms persisted some thirteen months post injury. (Chiropractic treatment notes were not provided for this review.)

The order of the treatment protocol presented in this case is questionable. It appears that an extensive neuropsychological evaluation and examination for a closed head injury was never really accomplished. An evaluation report of 9/14/01 recommended behavior modification programming "to investigate and extinguish any behaviors that develop and are found to be counterproductive to the recovery process." Yet it appears that five months passed before it was decided that something had to be done to control the patient's declining mental condition.

Throughout the work hardening program under dispute it is constantly noted how erratic the patient's behavior is and that it interferes with her physical conditioning and response to treatment. It is documented that the patient's mental status declined during the work hardening program to the extent that on 1/25/01, "after great deliberation the team decided [the patient] is in need of treatment for her evident closed head injury." It is beyond my understanding as to why it took some thirteen months post-closed head injury to finally do something that would be of most importance to help this patient.

If the behavior modification programming would have been done earlier, the patient might have been mentally prepared to take on a work hardening program that might have conditioned her to return to her pre-injury status. Because of the diminished mental status of the patient, the work hardening program should not have been initiated.

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

Sincerely,