

MDR Tracking Number: M5-03-0823-01

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 2/25/02 to 3/1/02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 17th day of March 2003.

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division

CRL/crl

January 7, 2003

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M5-03-0823-01

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). ___ IRO Certificate Number is 5348. Texas Worker's Compensation Commission (TWCC) Rule §133.308 allows for a claimant or provider to request an independent review of a Carrier's adverse medical necessity determination. TWCC assigned the above-reference case to ___ for independent review in accordance with this Rule.

___ has performed an independent review of the proposed care to determine whether or not the adverse determination was appropriate. Relevant medical records, documentation provided by the parties referenced above and other documentation and written information submitted regarding this appeal was reviewed during the performance of this independent review.

This case was reviewed by a practicing physician on ___ external review panel. This physician is board certified in physical medicine and rehabilitation. ___ physician reviewer signed a statement certifying that no known conflicts of interest exist between this physician and any of the treating physicians or providers or any of the physicians or providers who reviewed this case for a determination prior to the referral to ___ for independent review. In addition, ___ physician reviewer certified that the review was performed without bias for or against any party in this case.

Clinical History

This case concerns a 40 year-old male with a past medical history of proximal right tibia/fibula fracture who sustained a right ankle sprain and right leg contusion in a work related injury on _____. He was seen in the emergency room on 6/13/01. The patient reports that while at work on _____ he was pulling a pallet jack when he slipped and fell. The patient was evaluated in the emergency room on 6/13/01. He has also been seen by 2 orthopedic surgeons and a neurologist. The patient has undergone X-Rays of the right ankle and leg, an MRI of the right ankle, and an EMG. The patient has been treated with oral medications, physical therapy, and has participated in a work hardening program.

Requested Services

Work Hardening program from 2/25/02 through 3/1/02.

Decision

The Carrier's determination that these services were not medically necessary for the treatment of this patient's condition is upheld.

Rationale/Basis for Decision

_____ physician reviewer noted that the patient started a work hardening program on _____. _____ physician reviewer also noted that medical records provided covered the period from 2/8/02 through the end of the program on 3/11/02. _____ physician reviewer further noted that the patient began the work hardening program 7 to 9 months after sustaining a right ankle sprain. _____ physician reviewer explained that medical necessity for the work hardening program was not demonstrated in the medical records provided. _____ physician reviewer also explained that an orthopedic physician that had evaluated the patient recommended discontinuing the work hardening program on 2/22/02. Therefore, _____ physician consultant concluded that the work hardening program from 2/25/02 through 3/1/02 was not medically necessary to treat this patient's condition.

Sincerely,