

MDT Tracking Number: M5-03-0847-01

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 12/7/01 to 1/10/02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 9th day of May 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 # M5-03-0847

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 one of the wheels on a chair in which she was sitting fell off, causing the chair to tip over. She fell out of her chair, injuring her mid back. The patient did not file a report or seek treatment until ___, the same day on which the patient was terminated from her job. On ___ the patient presented to the treating physician and he diagnosed her with thoracic strain. X-rays of the thoracic spine were negative for fracture or dislocation. The patient was treated with medication and an intensive treatment program, including passive modalities and therapeutic exercises. At the conclusion of an eight week physical therapy program, the patient was entered into a work hardening program on 12/7/01. The work hardening program was completed on 1/10/01.

Requested Service(s)

Work hardening program 12/7/01 – 1/10/02

Decision

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

Rationale

The patient reported that she was injured on ___. It was not until over two weeks later that she reported the incident. She was diagnosed with thoracic strain and treated with physical therapy. The records presented for review include a note dated 12/3/01 that describes a physical performance test which lasted two hours and classified the patient as functioning

at a light/medium level. The documentation presented for this review does not include documentation of this physical performance test. There is no evidence from the documentation presented for this review than an FCE was carried out. There is no description of the patient's job requirements. Reportedly the patient is a receptionist who functioned in a sedentary type job. No documentation was presented of any specific deficits that would prevent the patient from returning to this level of functioning. Therefore, the medical necessity for a work hardening program was not documented.

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

Sincerely,
