

MDR Tracking Number: M5-03-0865-01

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 the functional capacity evaluation, work hardening program, special supplies, unusual travel and durable medical equipment were 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 functional capacity evaluation, work hardening program, special supplies, unusual travel and durable medical equipment 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 11/26/01 through 1/28/02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 11th day of March 2003.

Noel L. Beavers  
Medical Dispute Resolution Officer  
Medical Review Division

NLB/nlb

#### NOTICE OF INDEPENDENT REVIEW DECISION

March 5, 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 #: M5-03-0865-01  
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 55 year old female sustained a work-related injury on \_\_\_ when she stepped off of a platform and twisted her left knee and felt immediate pain and swelling. An MRI revealed multiple injuries to the knee including an oblique tear of the posterior horn of the medial meniscus and Grade II chondromalacia patella. The patient underwent arthroscopic surgery with a partial medial meniscectomy and shaving of the patella in the lateral tibial plateau. The patient underwent post-surgical physical therapy and was released back to her pre-injury employment. The patient sought the care of a chiropractor and from 11/26/01 through 01/28/02 received functional capacity evaluation, work hardening program, special supplies, unusual travel, and durable medical equipment.

### Requested Service(s)

Functional capacity evaluation, work hardening program, special supplies, unusual travel, and durable medical equipment provided from 11/26/01 through 01/28/02.

### Decision

It is determined that the functional capacity evaluation, work hardening program, special supplies, unusual travel, and durable medical equipment provided from 11/26/01 through 01/28/02 was not medically necessary to treat this patient's condition.

### Rationale/Basis for Decision

Medical record documentation indicates that the patient had completed several weeks of physical therapy immediately following her surgery. The medical necessity of any active care program following this course of physical therapy would likely depend on the documented response to the course of physical therapy. There is no medical documentation in regards to the several weeks of post-surgical care. Additionally, the patient underwent a course of active care under the administration of the chiropractor including therapeutic exercises and formal work conditioning lasting approximately four weeks. It is not evident from the medical documentation that any substantial measurable therapeutic gains were achieved during that course of conditioning. Documentation indicated that the patient made no progress through the course of active care and work conditioning. Progress through conditioning would be paramount to the determination of the medical necessity of work hardening.

Following surgery, the patient was treated and evaluated and sent back to work with an essentially negative MRI examination. There was no indication that additional passive or active care would be warranted with no documented provocative incident. Additionally, the patient performed her work

duties 4-5 months before seeking additional care from the attending chiropractor. The documentation is inadequate to support the necessity of work hardening or supportive care as listed above.

Work hardening programs typically contain in their make-up a large psychological component to address any psychosocial issues that may be preventing the patient from benefiting from care. The documentation does not appear to indicate that the patient was suffering from any psychosocial issue that could be addressed in a multidisciplinary upper level therapy program such as work hardening.

Therefore, the functional capacity evaluation, work hardening program, special supplies, unusual travel, and durable medical equipment provided from 11/26/01 through 01/28/02 was not medically necessary.

Sincerely,