

MDR Tracking Number: M5-03-0962-01

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 12/4/01 to 12/14/01 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

February 26, 2003

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M5-03-0962-01

___ 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 chiropractor on the ___ external review panel. The ___ chiropractor reviewer signed a statement certifying that no known conflicts of interest exist between this chiropractor 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, the ___ chiropractor reviewer certified that the review was performed without bias for or against any party in this case.

Clinical History

This case concerns a 57 year-old male who sustained a work related injury on ____. The patient reported that while at work he was lifting 40 pound boxes overhead when he felt a “tearing” sensation around his abdominal area. The patient was diagnosed with a hernia. The patient returned to work for 6 more years following injury. The patient had surgery on 7/25/01 for this hernia. The patient complained of abdominal pain secondary to hernia repair.

Requested Services

Work Hardening program from 12/4/01 through 12/14/01.

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

The ___ chiropractor reviewer noted that the patient sustained a work related injury on ____. The ___ chiropractor reviewer also noted that the patient underwent hernia repair 7/25/01. The ___ chiropractor reviewer further noted that on 10/17/01 the documentation provided indicated that the patient had minimal discomfort in his abdominal area. The ___ chiropractor reviewer explained that the documentation provided lacked clinical documentation of orthopedic and neurological testing. The ___ chiropractor reviewer also explained that the documentation provided failed to show soft tissue findings. The ___ chiropractor reviewer further explained that there is no clinical evidence that work hardening was necessary for this patient. The ___ chiropractor reviewer indicated that the patient could have perform home exercises for abdominal discomfort and that occupational therapy would have been sufficient. Therefore, the ___ chiropractor consultant concluded that the work hardening program from 12/4/01 through 12/14/01 was not medically necessary to treat this patient’s condition.

Sincerely,

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