

MDR Tracking Number: M5-03-1018-01

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, 2003 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 5/6/02 to 6/14/02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 28th day of March 2003.

Noel L. Beavers
Medical Dispute Resolution Officer
Medical Review Division

NLB/nlb

March 18, 2002

Rosalinda Lopez
Texas Workers' Compensation Commission
Medical Dispute Resolution
Fax: (512) 804-4868

Re: Medical Dispute Resolution
MDR #: M5.03.1018.01
IRO Certificate No.: IRO 5055

Dear Ms. Lopez:

___ has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, ___

reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a physician who is certified in Chiropractic medicine.

Clinical History:

This male claimant injured his right knee at work on _____. He received arthroscopic surgery on 06/22/01, a knee replacement surgery on 10/26/01, and entered a work hardening program from 05/06/02 through 06/14/02.

Disputed Services:

Work hardening program from 05/06/02 through 06/14/02.

Decision:

The reviewer agrees with the determination of the insurance carrier. The reviewer is of the opinion that the work hardening program in question was not medically necessary.

Rationale for Decision:

Sufficient data was not presented to qualify this patient for a highly-structured/goal-oriented multi-disciplinary return-to-work program. No mention of treatment plan and protocols used for post-op rehab of knee replacement were found in the record. No information was provided for physical assessment with functional baseline data established for beginning active therapy applications. Clear progressive quantitative functional data identifying deficits and gains should have been ongoing to the time a work conditioning or work hardening program is recommended.

If clear functional deficits remained at that point, psychosocial data should have been collected and scored to determine if psychosocial problems (anxiety or depression) existed and to what extent in qualifying this patient for a work hardening program.

I am the Secretary and General Counsel of _____ and I certify that the reviewing healthcare professional in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

Sincerely,