

MDR Tracking Number: M5-03-1019-01

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 assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. Therefore, in accordance with §133.308(q)(9), the Commission **Declines to Order** the respondent to refund the requestor for the paid IRO fee.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was the only issue** to be resolved. The work hardening program and muscle testing were found to not be medically necessary. The respondent raised no other reasons for denying reimbursement.

This Order is hereby issued this 26th day of February 2003.

Noel L. Beavers
Medical Dispute Resolution Officer
Medical Review Division

NLB/nlb

February 13, 2003

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M5-03-1019-01

___ 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 53 year-old female who sustained a work related injury on _____. The patient reported that while at work she fell over a flatbed injuring her low back. The patient underwent an MRI and has been treated with medication, physical therapy, and after failing conservative therapy, a lumbar laminectomy. She has had a functional capacity evaluation, a vocational assessment, and participated in work hardening beginning 12/7/01.

Requested Services

Work Hardening/Conditioning and Muscle Testing from 2/25/02 through 4/1/02

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 indicated that the patient began work hardening 12/7/01. ____ physician reviewer also indicated that there was not a job description included in the documents provided. However, ____ physician reviewer noted that there was a listing of essential job functions that included standing, walking, bending, squatting, kneeling, overhead reaching, stooping and climbing. ____ physician reviewer noted that the patient indicated her job required her to lift 60 pounds. However, ____ physician reviewer also noted that the documents provided showed that the patient had been employed as a salesperson-cosmetics & toiletries with a job description indicating a need to lift 20 pounds occasionally or 10 pounds frequently, denying kneeling or stooping & climbing. ____ physician reviewer indicated that at evaluation the patient was able to lift 20 pounds. However, ____ physician reviewer also indicated that the patient had restrictions on other tasks such as prolonged standing and walking. ____ physician reviewer noted that as of 1/9/02 the patient had improved and was able to perform prolonged walking. However, ____ physician reviewer also noted that the patient continued to have difficulty with prolonged standing, repetitive bending, prolonged squatting, prolonged kneeling, climbing of ladders and prolonged stooping. ____ physician reviewer also noted that none of these functions are part of this patient's job description. ____ physician reviewer explained that the documents provided did not describe the patient's ability to perform prolonged standing as of 2/25/02. ____ physician reviewer also explained that as of 2/25/02 the patient was performing at a light level. Therefore, ____ physician consultant concluded that the work hardening/conditioning and muscle testing from 2/25/02 through 4/1/02 were not medically necessary to treat this patient's condition.

Sincerely,
