

MDR Tracking Number: M5-03-1028-01

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 and FCE 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 work hardening and FCE 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 2/18/02 to 4/5/02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 8<sup>th</sup> day of April 2003.

Carol R. Lawrence  
Medical Dispute Resolution Officer  
Medical Review Division

CRL/crl

March 18, 2003

### **NOTICE OF INDEPENDENT REVIEW DECISION**

**RE: MDR Tracking #: M5-03-1028-01**

\_\_\_ 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 the \_\_\_ external review panel. This physician is board certified in orthopedic surgery. The \_\_\_ 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, the \_\_\_

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 was injured during an incident with a student resulting in a knee injury. The patient suffered pain, inflammation, and dysfunction in her right knee. The patient underwent conservative treatments initially, but they were unsuccessful in resolving her dysfunction. Following an MRI the patient underwent knee surgery on 11/28/01. The patient then received acute and sub-acute rehab, and participated in a work hardening program. The diagnoses per MRI included torn medial meniscus, chondromalacia patella, pes anserine bursitis and joint effusion. The surgeon's operative note indicates that he felt that there was injury to both the ACL and PCL sufficient to warrant repair. The surgeon performed chondroplasty, partial meniscectomy and ACL/PCL repairs using radio-frequency thermal shortening.

### Requested Services

Work Hardening program and functional capacity evaluation from 2/18/02 through 4/5/02.

### 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

The \_\_\_\_ physician reviewer noted that the patient underwent a partial medial meniscectomy with ACL and PCL repair through radio-frequency treatment as well as plica resection and chondroplasty. The \_\_\_\_ physician reviewer indicated that work hardening has been studied. The \_\_\_\_ physician reviewer noted that the outcomes are variable with the populations that would benefit being poorly defined. (Weir R, Nielson, WR. Interventions for disability management. Clin J Pain 2001 Dec; 17 (4Suppl): S128-32.) The \_\_\_\_ physician reviewer explained that there do not appear to be any prospective, randomized studies looking at work hardening in regards to knee injuries. The \_\_\_\_ physician reviewer also explained that the literature available does not support the medical necessity of work hardening. Therefore, The \_\_\_\_ physician consultant concluded that the work hardening and functional capacity evaluation from 2/18/02 through 4/5/02 were not medically necessary to treat this patient's condition.

Sincerely,

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