

MDR Tracking Number: M5-03-1146-01

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 programs and work conditioning programs were found to not be medically necessary. The respondent raised no other reasons for denying reimbursement.

This Order is hereby issued this 28th day of February 2003.

Noel L. Beavers
Medical Dispute Resolution Officer
Medical Review Division

NLB/nlb

February 20, 2003

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M5-03-1146-01

___ 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 51 year-old male with a history of a work injury on or about _____. He was evaluated in an emergency room on 11/26/00 where he gave a history of prior neck/back strain one year previously. On _____ the patient reported that a ladder fell on his back and he complained of pain in the right upper back and neck with numbness in the right hand. X-Rays showed mild degenerative joint disease in the thoracic spine and disc disease in the cervical spine. He was given pain medications and light duty work restriction. The patient was then referred to physical therapy where he was evaluated on 1/18/01. The patient was then treated with physical therapy 3 times without improvement. The patient underwent an FCE on 1/21/00 that demonstrated strength for a heavy physical demand capacity level. The patient transferred his care on 2/9/00 and underwent extensive testing that showed severe sensory impairment. The patient was then treated with physical therapy. An FCE on 7/26/01 recommended work conditioning.

Requested Services

Work Hardening and Work Conditioning programs of 8/13/01 through 10/15/01.

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 _____ physician reviewer indicated that the patient sustained a work related injury on or about _____. The _____ physician reviewer explained that the medical records provided showed a variation in the descriptions of the onset of the patient's medical problems. The _____ physician reviewer noted that the records provided indicated that the patient underwent an FCE on 1/21/01 that demonstrated strength for a heavy physical demand capacity level. The _____ physician reviewer explained that the patient had attended physical therapy and that the medical records provided showed that the patient was making very slow progress. The _____ physician reviewer noted that the patient underwent another FCE on 7/26/01 that recommended a work hardening/conditioning program. The _____ physician reviewer also explained that there was extreme differences in the FCEs performed on 1/21/01 and 7/26/01. The _____ physician reviewer further explained that the medical records provided showed multiple positive signs of inorganic illness. Therefore, the _____ physician consultant concluded that the work hardening and work condition programs from 8/13/01 through 10/15/01 were not medically necessary to treat this patient's condition.

Sincerely,
