

MDR: Tracking Number M5-03-1748-01

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 the work conditioning program, FCE and physical performance tests 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 the work conditioning program, FCE and physical performance tests 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 6/7/02 to 11/26/02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 15th day of July 2003.

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division

CRL/crl

July 11, 2003

David Martinez
TWCC Medical Dispute Resolution
4000 IH 35 South, MS 48
Austin, TX 78704

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IRO #: 5251

___ has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to ___ for independent review in accordance with TWCC Rule 133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the care rendered to determine if the adverse determination was appropriate. In performing this review, all relevant medical records

and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed Medical Doctor with a specialty and board certification in Occupational Medicine. The ___ health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to ___ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

CLINICAL HISTORY

___ is a 49-year-old female employed by ___ who sustained a work injury on ___. On her date of injury, the right hand became entangled in a network of hangers, causing her to forcibly pull her right hand back, and she started with pain. She initially described right thumb pain from the tip of her thumb down to the wrist, and later developed trigger thumb, as well as numbness and tingling in her hand. Electrodiagnostic studies were consistent with carpal tunnel syndrome. She eventually underwent carpal tunnel release and trigger thumb release after appropriate conservative care that included physical medicine, modalities and prescription medications. The patient stated that she had resolution of the hand, numbness and tingling, but continued to complain of thumb pain and wrist pain.

___ had a FCE on 4/5/01 that showed her job demand level was LIGHT-MEDIUM. She was able to function at the SEDENTARY-LIGHT category. The recommendations were for an additional three to four weeks of curative care, followed by a 30-day (six-week) work hardening program.

The patient had another FCE on 4/17/02, slightly over one year after her initial FCE. The reported job demand level was LIGHT and she was able to function at the SEDENTARY work category. The recommendations were for an additional two weeks of physical therapy followed by a 30-day (six-week) work conditioning program of four hours per day.

___ had a Designated Doctor evaluation by ___ on 5/9/02. His report indicates that ___ reached MMI status on 5/9/02 and he gave her one percent (1%) whole person impairment from the injury. His report showed that a maximum voluntary upper handgrip strength test was administered, though she was unable to complete the test due to the stated pain level.

A final FCE was done on 7/11/02. The reported job demand level was LIGHT and the testing showed that she was able to perform SEDENTARY duties. The recommendations were for a chronic pain program.

___ had a physical performance evaluation done on 11/26/03. However, the note states that she was involved in a motor vehicle accident on 10/21/02. She also stated that she had prior surgery to the upper left extremity and that limited her overall range of motion that was available. The note states that it would be impossible to compare the right to the left. The note states that she felt that the chronic pain program helped her to take her mind off her injury in the prior five days of completion.

DISPUTED SERVICES

Under dispute is the medical necessity of the work conditioning program, FCE and physical performance tests from 6/7/02 through 11/26/02.

DECISION

The reviewer agrees with the prior adverse determination.

BASIS FOR THE DECISION

Review of the medical records shows prior to the initial FCE ___ appeared to have had an appropriate course of therapy. After the initial FCE she appeared to have undergone a work hardening program. Comparing the initial and the mid FCE, the testing showed that she was able to function at basically the same level, which was at the SEDENTARY to LIGHT work category.

Of importance is that this patient was determined to have reached MMI status on 5/9/02 and as given one percent whole person impairment. ___ report does indicate that the TWCC guidelines indicate that the Maximum Medical Improvement is “the earliest date after which, based on reasonable medical probability, further material recovery from or lasting improvement to injury can no longer reasonably be anticipated.”

Therefore, because this patient reached MMI on 5/9/02, any further treatment from that point forward, based on reasonable medical probability, would not give further recovery or lasting improvement.

Of importance is that the initial and mid FCEs did not show that ___ had had much improvement. Since she had already had adequate therapy and a work hardening program, no further treatment would have been indicated.

Therefore, the FCE of 7/11/02 and the physical performance evaluation of 11/26/02 were not indicated. Furthermore, since ___ had already gone through therapy and work hardening, no further treatment would have been indicated.

Even though the final FCE was not indicated, the results prove the above, that ___ did not have any further material recovery from or lasting improvement from the work conditioning program.

Based on the above, the reviewer finds that there is no documentation of the medical necessity for the FCE, physical performance test, and the work conditioning program form 6/7/02 through 11/26/02.

___ has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. ___ has made no determinations regarding benefits available under the injured employee's policy

As an officer of ___, I certify that there is no known conflict between the reviewer, ___ and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

___ is forwarding this finding by US Postal Service to the TWCC.

Sincerely,