

MDR Tracking Number: M5-03-1834-01

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 **or 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 and the 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 Medical Review Division has determined that **medical necessity was the only issue** to be resolved. The FCE and work hardening services were not found to be medically necessary. The respondent raised no other reasons for denying reimbursement for these services charges. As the treatment was not found to be medically necessary, reimbursement for dates of service 6-10-02 through 7-17-02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 10th day of June 2003.

Dee Z. Torres
Medical Dispute Resolution Officer
Medical Review Division

DZT/dzt

June 9, 2003

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

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___ 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.

This case was reviewed by a licensed Doctor of Chiropractic. 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

___ was injured on his job when he was working on the demolition crew of a building. A large wall which weighed several hundred pounds fell on him, knocking him to the ground and then falling on top of him. Injury areas included the low back, right shoulder and right wrist. Documentation indicates a possible rib fracture, but there is no confirmation of that. The patient was treated by ___ with chiropractic manipulations and modalities. MRI of the wrist was negative. The patient was given MMI with 0% impairment on June 4, 2002 by ___, a designated doctor for the TWCC. ___ was eventually entered into a work hardening program for the variety of sprain/strain injuries he suffered and completed them on July 17, 2002. Documentation indicates progression from a medium duty work to very heavy in the 6 week program. A peer review was performed on this case which denied the medical necessity of further care, but the actual report is not included in the notes.

DISPUTED SERVICES

The carrier has denied the medical necessity of work hardening and FCE's from June 10, 2002 through July 17, 2002.

DECISION

The reviewer agrees with the prior adverse determination.

BASIS FOR THE DECISION

While MMI was give about the time the work hardening was begun, this certainly does not preclude reasonable and necessary care. The impairment evaluation did not consider the ability of the patient to return to his workplace. The providers on this case demonstrated through the FCE's that the care was not only reasonable but that it also resulted in the patient returning to a productive workplace in a very heavy work category. However, the problem on this case is that work hardening was the service in question. The documentation indicates that this was not an interdisciplinary program, as required by the guidelines of 1996.

In fact, a note from ___ on June 19, 2002 indicates that this patient had no psychosocial indicators and would not be given advanced therapy. No notes of behavioral activity are found in the office notes and no indications of behavioral need are presented. Lacking a psychological/psychosocial indicator I would not find that the level of care delivered was appropriate in this case, per the TWCC fee guidelines of 1996. Stated clearly on page 37, under Work Hardening, is that “Work hardening programs are interdisciplinary in nature with a capability of addressing the function, physical, behavioral and vocational needs of the injured worker.” On page 38, section 2.b. indicates that group therapy is a requirement of the program. As we see no documentation that group therapy was performed, or the progress from such therapy (or even the NEED), the reviewer finds that the level of service delivered is not medically necessary.

___ 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,