

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 program was 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 program 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 5/28/02 to 6/7/02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 14th day of May 2003.

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division
CRL/crl

NOTICE OF INDEPENDENT REVIEW DECISION

Date: May 13, 2003

RE: MDR Tracking #: M5-03-1840-01
IRO Certificate #: 5242

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced 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 proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a Chiropractic physician reviewer. The Chiropractic physician reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians 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 this case.

Clinical History

According to the documentation supplied, it appears that the claimant sustained an injury while at work on ____. She apparently tried to stop some wood doors from falling over an injured her right arm. She reported to the doctor on or around 07/05/2002, who took her off work and began physical therapy. The claimant was diagnosed with a shoulder sprain/strain, tenosynovitis and radicular neuralgia. An MRI was obtained on 12/12/2001, which revealed an unremarkable shoulder. She went through extensive amounts of physical therapy over the course of the next year. On 02/08/2002, a doctor performed an independent medical exam and reported the claimant had a 8% whole person impairment. The claimant underwent 6 weeks of work hardening from 02/11/200/ - 03/26/2002. On 05/28/2002, the claimant re-entered the work hardening program for 2 additional weeks.

Requested Service(s)

The medical necessity of the outpatient services including the work hardening program rendered 05/28/2002 – 06/07/2002.

Decision

I agree with the insurance provider that the work hardening program services rendered between 05/28/2002 – 06/07/2002 were not medically necessary.

Rationale/Basis for Decision

This claimant received more than an adequate trial of conservative therapy. When chiropractic therapy failed to produce complete pain relief, a work hardening program was implemented. The doctor stated that he did not believe that the work hardening program would change the claimant's impairment, but that it should be completed. The claimant went through the approved work hardening program for 6 weeks. At that time it would be appropriate for the claimant to return to work. If the claimant could not return to work at full duty, then light duty may have been appropriate. Waiting approximately 2 months to extend or possibly begin a new work hardening program is not medically necessary in this case. The claimant has had more than enough passive and active therapy on the compensable injury to promote the needed healing. This claimant was assigned an impairment rating and an independent examining doctor felt it was time for her to return to work. The documentation submitted does not reveal a reason for additional care.