

**THIS DECISION HAS BEEN APPEALED. THE
FOLLOWING IS THE RELATED SOAH DECISION NUMBER:
SOAH DOCKET NO. 453-03-4234.M5**

MDR Tracking Number: M5-03-1953-01

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 FCE and work hardening 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 FCE and work hardening 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 4/15/02 to 6/5/02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 30th day of June 2003.

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division

CRL/crl

NOTICE OF INDEPENDENT REVIEW DECISION

June 24, 2003

MDR Tracking #:	M5-03-1953-01
IRO Certificate #:	IRO 4326

___ 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 rendered 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 matched peer with the treating health care professional. This case was reviewed by a health care professional licensed in chiropractic care. ___ health care professional 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

This patient sustained a repetitive injury on ___ from constant keyboard use. She developed carpal tunnel syndrome (CTS) bilaterally and subsequently had surgery for CTS release, date unknown. The patient later entered a work hardening program starting 04/15/02. She had another injury on 05/10/02 while using a cart to push and pull weights. She reported feeling intense neck pain and a popping sensation.

Requested Service(s)

Functional capacity evaluation (FCE) studies and work hardening on 04/15/02 through 06/05/02

Decision

It is determined that the functional capacity evaluation (FCE) studies and work hardening on 04/15/02 through 06/05/02 were not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

The medical record failed to substantiate the need and rationale for the work hardening program and associated testing dated 04/15/02 and beyond. It had been previously opined by an independent medical examiner (IME) that no further treatment was necessary beyond 02/28/02. While this adverse determination is significant, it may not have carried presumptive weight compared to hands-on examinations at that time. However, it is clear that based on standards of care, at the time of the IME, sufficient care had been administered to achieve the normal and typical expected outcomes associated with non-complicated soft tissue injuries.

Most importantly, however, is that the documentation is devoid of any indications that this claimant possessed or exhibited any psychosocial issues that would naturally complicate recovery and warrant a tertiary care program such as work hardening. Standard entrance criteria for work hardening programs include the presence of psychosocial issues demonstrated by clinical interview or proper screening tools that could be addressed within the confines of a multi-disciplinary approach to treatment such as work hardening. Therefore, it is determined that the functional capacity evaluation (FCE) studies and work hardening on 04/15/02 through 06/05/02 were not medically necessary.

Sincerely,