

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 office visits 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 the office visits 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 3/4/02 to 7/3/02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 31<sup>st</sup> day of July 2003.

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

#### **NOTICE OF INDEPENDENT REVIEW DECISION**

**Date:** July 25, 2003

**RE: MDR Tracking #:** M5-03-2089-01  
**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 Plastic/Hand Surgeon reviewer who is board certified in Plastic/Hand Surgery. The Plastic/Hand Surgeon 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**

The patient has a history of work-related injury that is consistent with fracture of the distal ulnar. He had an arthroscopic reconstruction in April of 2001 with the onset of nonunion, which was followed by bone graft, triangular fibrocartilage complex repair, and application of a bone stimulator in December of 2001. In the post-operative period, the patient was exposed to a significant amount of physical therapy. There was an initial functional capacity evaluation (FCE) that reported that the patient was able to perform light to medium work, as noted in the report itself.

### **Requested Service(s)**

The question to be addressed is the medical indications for the office visits and the work hardening between the periods of 3/4/02 through 5/8/02, and 6/11/02 through 7/3/02.

### **Decision**

I agree with the insurance carrier that the services provided between the days of 3/4/02 through 5/8/02, and 6/11/02 through 7/3/02 were not medically indicated.

### **Rationale/Basis for Decision**

On the basis of the records reviewed, the initial functional capacity exam performed on 6/4/02 appears not to be entirely valid or indicated. No aerobic testing was carried out and there was no measurement of cardiac rate with the lifts to determine if the patient was giving good effort. In addition, the patient's four weeks of work hardening did not really contribute to improving the ability of the patient to return to the pre-injury occupation. Indeed because of persistent pain, it appears that the patient was not a candidate for any more work hardening, but rather for pain management. The physical therapy carried out through the periods indicated not only did not contribute to improving the patient's ability to return to work, but did not modify his level of pain. It appears that the indications for further work hardening or physical therapy were not consistent with the patient's condition at the time and therefore not medically indicated. Therefore, I agree with the insurance carrier that the services provided between the days of 3/4/02 through 5/8/02, and 6/11/02 through 7/3/02 were not medically indicated.