

MDR Tracking Number: M5-03-2283-01

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 hardening 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 the 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 6/25/02 to 7/17/02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 18<sup>th</sup> day of July 2003.

Carol R. Lawrence  
Medical Dispute Resolution Officer  
Medical Review Division

CRL/crl

July 16, 2003

IRO Certificate# 5259  
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An independent review of the above-referenced case has been completed by a medical physician [board certified] in physical medicine and rehabilitation. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by \_\_\_\_, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

\_\_\_ hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to \_\_\_.

#### CLINICAL HISTORY

The claimant is a 41-year-old male who sustained a strain to the thoracic muscle group as a consequence of a work related event. The claimant has received extensive physical therapy. MRI of the thoracic and lumbar indicated essentially degenerative changes. The claimant has had injections and work hardening.

#### REQUESTED SERVICE (S)

Work hardening program

#### DECISION

Agree with carrier for adverse determination.

#### RATIONALE/BASIS FOR DECISION

After review of the medical records, there is no available psychiatric evaluation or mention of any debilitating psychological issues that would impede the ability of the claimant to resume his employment or address any psychological back-to-work issues. Therefore, there is no documented evidence to support the interdisciplinary approach. It is noted that there are no behavioral or psychological issues that need to be addressed; therefore, there is no need for a multidisciplinary work hardening program.

The answers to a brief questionnaire administered by a physical therapist does not justify the need for a comprehensive work hardening program when there was a complete absence of psychological impediments noted by the claimant's treating physician. There is no medical rationale to explain why a practitioner would recommend a protracted costly multidisciplinary Work Hardening program for minimal to moderate symptoms and minor range of motion restrictions without a psychological component.

There is no indication to enroll the claimant in such a program. Furthermore, the claimant does not present with any acute maladaptive psychosocial issues that would require this approach. The recommendation for Work Hardening despite an otherwise unremarkable functional capacity evaluation that indicated what would be relatively normal restrictions for a 41-year-old male with a benign soft tissue injury to the thoracic spine.