

MDR Tracking Number: M5-03-2927-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General 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 dispute was received on July 14, 2003.

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 program, conductive paste or gel, range of motion testing, office visits rendered 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. As the work hardening program, conductive paste or gel, range of motion testing, office visits were not found to be medically necessary, reimbursement for dates of service from 1/14/03 through 4/11/03 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 30<sup>th</sup> day of January 2004.

Margaret Q. Ojeda  
Medical Dispute Resolution Officer  
Medical Review Division

MQO/mqo

#### NOTICE OF INDEPENDENT REVIEW DECISION

**Amended Letter**  
**Note:** Decision

September 4, 2003

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IRO Certificate #:IRO4326

The \_\_\_ 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. \_\_\_'s 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 an injury on \_\_\_ when she got dizzy and fell after inhaling a chemical cleaner. She had injuries to her right shoulder, neck, and lower left leg. She saw a chiropractor for treatment and physical therapy and eventually began a work hardening program. She had an independent medical exam placing her at maximum medical improvement on 06/19/02 with impairment rating of 5%.

#### Requested Service(s)

Work hardening services, conductive paste or gel, range of motion testing, and office visits from 01/14/03 through 04/11/03

#### Decision

It is determined that the work hardening services, conductive paste or gel, range of motion testing, and office visits from 01/14/03 through 04/11/03 were not medically necessary to treat this patient's condition.

#### Rationale/Basis for Decision

From a retrospective as well as a prospective standpoint, this patient does not appear to be an appropriate candidate for work hardening as administered from 01/14/03 through 04/11/03. In reviewing the medical records, the rationale for the application of this program is not established. The patient had a non-complicated soft tissue injury. All ancillary diagnostic testing was within normal limits. There were bulges revealed and degenerative changes; however no significant abnormalities were identified through a multitude of tests. In addition, the patient had a year of rehabilitation and as of 01/14/03 was still tested in the sedentary category. Given the length and duration of care at that juncture, it could not be reasonably and clinically expected that additional rehabilitation would afford significant gain beyond what had already been recorded. Furthermore, for a non-complicated soft tissue injury, most standards of care and practice suggest that eight weeks is sufficient to offer conservative/chiropractic care to resolve the problem. Beyond the eight weeks, a larger burden of proof would fall upon the documentation to show just cause that the care offered had been efficacious and effecting significant strides toward resolution. The reviewed medical record does not provide this needed information to warrant a protracted course of care as of 01/14/03. Moreover, the patient had already been examined and deemed at maximum medical improvement.

Finally, from a prospective standpoint, the American Physical Therapy Association suggests that the efficacy of a work hardening program initiated more than a year beyond the date of injury is not well established and should be preceded by a full and comprehensive multidisciplinary work up. Therefore, it is determined that the work hardening services, conductive paste or gel, range of motion testing, and office visits from 01/14/03 through 04/11/03 were not medically necessary.

Sincerely,