

MDR Tracking Number: M5-03-3129-01

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 31, 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 functional capacity evaluation, 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 fees were the only fees involved in the medical dispute to be resolved. As the functional capacity evaluation, and work hardening were not found to be medically necessary, reimbursement for dates of service from 9/3/02 through 9/17/02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 18th day of September 2003.

Margaret Q. Ojeda
Medical Dispute Resolution Officer
Medical Review Division
MQO/mqo

September 17, 2003

IRO Certificate# 5259
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An independent review of the above-referenced case has been completed by a chiropractic doctor. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by ___r 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

___reby 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

Based on materials provided for review, it appears that this patient reports work related injury occurring ____when he struck his head on the base of a crane platform. He presented initially to an ____, where x-rays and medications were apparently provided. Notes from ____ suggest that the patient is diagnosed with concussion (850.0) and post-concussion syndrome (310.2). Patient is placed at MMI on 6/17/02 and returned to full duty without impairment. The patient later presents to chiropractor, ____, on 7/8/02, where he receives additional x-rays, multiple passive modalities, orders for cervical/lumbar MRI, neurodiagnostic testing and orders to remain off-work for two weeks. The patient is seen by an osteopath, ____, on 7/12/02 for second opinion, and is found to have a closed head injury, cervical strain, and thoracic strain. No mention is made of lumbar conditions. In fact, ____ indicates that lumbar ROM is full and pain free with no sensory, motor or orthopedic abnormalities. Additional medications are provided and cervical MRI is ordered. Past medical history appears to reveal left knee ACL surgery in May of 2002 from physical therapy assessment. Chiropractic x-rays reviewed by another chiropractor on 7/18/02 are found essentially unremarkable. Neurodiagnostic studies performed by another chiropractor on 8/6/02 are found essentially unremarkable for cervical radiculopathy or entrapment neuropathy. Cervical and lumbar MRI's are obtained 8/9/02 and are found essentially normal. Lumbar study does indicate mild disc dehydration and small annular tears at multiple segments. An initial FCE is performed 8/29/02 by another chiropractor suggesting that the patient is presently at a Medium-Heavy physical demand level with physical demand category of job being only Medium. The patient then appears to be placed in a work hardening program. Patient appears to miss multiple appointments between 8/29/02 and 9/12/02. Chiropractic notes from 8/29/02 suggest that the patient "feels no pain." Notes from 9/12/02 suggests that the patient needs to "shape-up or ship out." Repeat FCE is performed 9/17/02 and is again found at Medium-Heavy Demand Level for a Medium job requirement capacity.

REQUESTED SERVICE (S)

Determine Medical Necessity for Functional Capacity Evaluation and Work Hardening Program (Items in Dispute from 9/3/02 to 9/17/02).

DECISION

Medical necessity for these services is not supported by documentation provided.

RATIONALE/BASIS FOR DECISION

Description of injury supplied by chiropractor appears inconsistent with initial description of injury provided by initial treating doctor and second opinion of consulting osteopath. Objective testing, including X-ray, MRI, FCE and neurodiagnostic testing does not appear to support working diagnosis and treatment plan submitted by treating chiropractor. Finally, initial FCE places patient at Medium-Heavy functional capacity for a job that appears to require only Medium work capacity. Patient non-compliance also appears to be significant.

The observations and impressions noted regarding this case are strictly the opinions of this evaluator. This evaluation has been conducted only on the basis of the medical/chiropractic documentation provided. It is assumed that this data is true, correct, and is the most recent documentation available to the IRO at the time of request.

If more information becomes available at a later date, an additional service/report or reconsideration may be requested. Such information may or may not change the opinions rendered in this review.

This review and its findings are based solely on submitted materials. No clinical assessment or physical examination has been made by this office or this physician advisor concerning the above-mentioned claimant. These opinions rendered do not constitute a per se recommendation for specific claims or administrative functions to be made or enforced.