

MDR Tracking Number: M5-03-3134-01

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 assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 7-31-03.

The Medical Review 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 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 Medical Review Division has determined that fees were the only fees involved in the medical dispute to be resolved. As the services listed above were not found to be medically necessary, reimbursement for dates of service from 1-13-03 through 2-21-03 is denied and the Medical Review Division declines to issue an Order in this dispute.

This Decision is hereby issued this 7th day of October 2003.

Dee Z. Torres  
Medical Dispute Resolution Officer  
Medical Review Division  
DZT/dzt

September 27, 2003

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

**RE: MDR Tracking #: M5-03-3134-01**

\_\_\_ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). \_\_\_ IRO Certificate Number is 5348. Texas Worker's Compensation Commission (TWCC) Rule §133.308 allows for a claimant or provider to request an independent review of a Carrier's adverse medical necessity determination. TWCC assigned the above-reference case to \_\_\_ for independent review in accordance with this Rule.

\_\_\_ has performed an independent review of the proposed care to determine whether or not the adverse determination was appropriate. Relevant medical records, documentation provided by the parties referenced above and other documentation and written information submitted regarding this appeal was reviewed during the performance of this independent review.

This case was reviewed by a practicing chiropractor on the \_\_\_ external review panel. The reviewer has met the requirements for the ADL of TWCC or has been approved as an exception to the ADL requirement. The \_\_\_ chiropractor reviewer signed a statement certifying that no known conflicts of interest exist between this chiropractor and any of the treating physicians or providers or any of the physicians or providers who reviewed this case for a determination prior to the referral to \_\_\_ for independent review. In addition, the \_\_\_ chiropractor reviewer certified that the review was performed without bias for or against any party in this case.

### Clinical History

This case concerns a 24 year-old female who sustained a work related injury on \_\_\_\_\_. The patient reported that while at work she sustained a repetitive motion injury to both hands, including the fingers/wrist on the right side up to the elbow. The patient underwent X-Rays of the right wrist that were reported as unremarkable. The patient also underwent an MRI of the left and right wrist on 11/7/02 that was reported as unremarkable. The patient then underwent a nerve conduction study of the upper extremities on 7/22/02. The patient was treated with pain medication, muscle relaxants, active rehabilitation and a work hardening program.

### Requested Services

Work hardening from 1/13/03 through 2/21/03.

### Decision

The Carrier's determination that these services were not medically necessary for the treatment of this patient's condition is upheld.

### Rationale/Basis for Decision

The \_\_\_ chiropractor reviewer noted that this case concerns a 24 year-old female who sustained a work related injury on \_\_\_\_\_ to both hands, wrist, elbow and fingers on \_\_\_\_\_. The \_\_\_ chiropractor reviewer also noted that the treatment for this patient has included pain medication, muscle relaxants, active rehabilitation and a work hardening program. The \_\_\_ physician reviewer explained that the entrance criteria for a work hardening program are: persons likely to benefit from the program, persons whose current level of functioning due to illness or injury interfere with their ability to carry out specific tasks required in the work place, persons whose medical, psychological, or other conditions do not prohibit participation in the program, and persons who are capable of attaining specific employment upon completion of program. The \_\_\_ chiropractor reviewer indicated that although an FCE performed on 1/8/03 showed deficits in range of motion and grip strength, it did not show how the patient's level of functioning (sedentary) interfered with the ability of the patient to carry out the tasks of a customer care advocate. The \_\_\_ chiropractor reviewer also indicated that the patient was able to lift 15 lbs. according to the FCE of 1/8/03. However, the \_\_\_ chiropractor reviewer explained that the patient's job does not require any lifting but does require data entry by hand. The \_\_\_ chiropractor reviewer indicated that there is no evidence that the symptoms the patient continued to complain of would interfere with the tasks she would have to perform on her job. The \_\_\_ chiropractor reviewer explained that the documentation provided did not contain a typing or pegboard testing results that would give an accurate assessment of the need for functional program such as a work hardening versus active therapy. The \_\_\_ chiropractor reviewer also noted that the patient was not assessed for mental readiness prior to entrance into the work hardening program. The \_\_\_ chiropractor reviewer explained that this is also part of the work hardening program. Therefore, the \_\_\_ chiropractor consultant concluded that the work hardening from 1/13/03 through 2/21/03 was not medically necessary to treat this patient's condition.

Sincerely,