

**THIS DECISION HAS BEEN APPEALED. THE  
FOLLOWING IS THE RELATED SOAH DECISION NUMBER:**

**SOAH DOCKET NO. 453-02-3603.M5**

MDR Tracking Number: M5-02-2090-01

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 all the services performed and billed from 4-17-01 through 5-25-01 were not medically necessary.

Based on review of the disputed issues within the request, the Division has determined that the medical necessity 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 04-17-01 through 5-25-01 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 28th day of May 2002.

Dee Z. Torres, Medical Dispute Resolution Officer  
Medical Review Division

DZT/dzt

This document is signed under the authority delegated to me by Richard Reynolds, Executive Director, pursuant to the Texas Workers' Compensation Act, Texas Labor Code Sections 402.041 - 402.042 and subsequently re-delegated by Virginia May, Deputy Executive Director.

Enclosure: IRO decision

**NOTICE OF INDEPENDENT REVIEW DECISION**

May 15, 2002

David Martinez  
Chief, Medical Dispute Resolution  
Medical Review Division  
Texas Workers Compensation Commission  
4000 South IH-35, MS 40  
Austin, TX 78704-7491

RE: Injured Worker:  
MDR Tracking #: M5-02-2090-01  
IRO Certificate #: 4326

\_\_\_\_ 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. \_\_\_\_\_ 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 is a 44-year-old female who was injured on the job while trying to reach for a drum. The drum slipped, hitting the patient in the face. Following this incident, the patient complained of pain to the head, neck, and back. The patient was diagnosed as having cervical and lumbar strain/sprain by \_\_\_\_\_. Upon release from care on 05/29/01 she received a final impairment rating of 10%. The patient received treatment from the company doctor initially and was given medications for three months. She saw a chiropractor who performed cervical and lumbar MRI, electrical stimulation, ultrasound, joint mobilization, massage, neuromuscular education and chiropractic adjustments. She attended a work-conditioning program (WC) from 03/12/01 to 04/06/01 and a work hardening program (WH) from 04/17/01 to 05/25/01.

### Requested Service(s)

Work Hardening Program from 04/17/01 to 05/25/01

### Decision

It is determined that the work hardening program from 04/17/01 to 05/25/01 was not medically necessary.

### Rationale/Basis for Decision

The work hardening program was not medically necessary based on review of the medical record documentation and the work hardening entrance requirements as stated in the TWCC Medical Fee Guidelines (1996) page 37.

First, according to TWCC requirements, the individual must exhibit some need or benefit for the program. The patient incurred a sprain/strain injury that should have been completely resolved within 6-8 weeks. She completed a course of medical care, physical therapy, chiropractic treatment and work conditioning prior to being referred for work hardening 6 months post injury.

The second requirement relates to the individual's current level of function, due to illness or injury, interfering with their ability to carry out specific tasks required in the workplace. The patient was required to lift 60 lbs in her workplace and after weeks of work conditioning, she never reached that level. Given the fact that her job had been lost due to the company being sold, she really did not have to reach this level, because her duties would be different than before.

The final requirement relates to the individual being capable of attaining specific employment upon completion of the program. The patient was not able to attain her previous job because it had been absolved due to the fact that her company had been sold.

Sincerely,