

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

SOAH DOCKET NO.: 453-03-0188.M5

MDR Tracking Number: M5-02-2157-01

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 FCEs, work hardening and office visits were not medically necessary.

Based on review of the disputed issues within the request, the Division has determined that FCE, work hardening and office visit 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 7/25/01 to 11/26/01 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 6th day of August 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.

NOTICE OF INDEPENDENT REVIEW DECISION

CORRECTED LETTER

**NOTE: Decision, Requested Services
and Rationale/Basis for Decision**

July 5, 2002

Rosalinda Lopez
Program Administrator, Medical Dispute Resolution
Medical Review Division
Texas Workers Compensation Commission
4000 South IH-35, MS 48
Austin, TX 78704-7491

RE: MDR Tracking #: M5-02-2157-01
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 44 year old female sustained a work related injury on ___ when she was trying to sit in a chair after she tried to stand up and became faint and fell onto her right side. On presentation for treatment on 05/04/01, she complained of neck pain, shoulder pain, low back pain, knee pain, hip pain, right leg pain with weakness, and headaches. X-rays and an MRI were taken revealing loss of cervical lordosis, normal shoulder series, and normal lumbar series. An MRI of the cervical region revealed mild disc bulges at C4-5 and C5-6. The patient was given the diagnoses of cervical intervertebral disc syndrome, lumbar intervertebral disc syndrome, injury to the knee, impingement syndrome of the shoulder, cervical sprain/strain, and meniscal tear of the right knee.

Requested Service(s)

The work hardening program billed beginning 08/14/01 through 09/28/01; office visits dated 07/25/01, 09/25/01, 10/09/01, 10/19/01, 10/23/01, 11/06/01, and 11/23/01; and associated FCEs on 09/06/01 and 09/27/01.

Decision

It is determined that the work hardening program beginning 08/14/01 through 09/28/01; office visits dated 07/25/01, 09/25/01, 10/09/01, 10/19/01, 10/23/01, 11/06/01, and 11/23/01; and associated FCEs on 09/06/01 and 09/27/01 were not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

The work hardening program is not medically necessary based on the record provided and consideration for the work hardening entrance requirements as stated in the TWCC Medical Fee Guidelines (1996) page 37.

First, the patient must exhibit some need or benefit from the program. The patient was examined and it was suggested she perform work hardening 4 months post injury. She incurred a sprain/strain injury that should have been completely resolved within 6-8 weeks. She also had a complete course of medical, physical therapy, and chiropractic treatment, before it was suggested she perform work conditioning. The second criteria is to be one whose current levels of functioning due to illness or injury interferes with their ability to carry out specific tasks required in the workplace. She was evaluated through an FCE on 08/13/01 and placed at a sedentary job level for her workplace and after weeks of work conditioning she still never reached that level. The third admission requirement is being a person whose medical, psychological, or other conditions do not prohibit participation in the program. ___ was not found to have any prohibitions that would prevent her from functioning within normal limits in the work conditioning program. Finally, the patient must be capable of attaining specific employment upon completion of the program. Therefore, the work hardening program beginning 08/14/01 through 09/28/01; related office visits dated 07/25/01, 09/25/01, 10/09/01, 10/19/01, 10/23/01, 11/06/01, and 11/23/01; and associated FCEs on 09/06/01 and 09/27/01 were not medically necessary.

Sincerely,