MDR Tracking Number: M5-02-2221-01

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 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 Division has determined that work hardening program 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 2/20/01 to 4/12/01 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 28th day of, May 2003.

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division
CRL/crl

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

May 20, 2003

Re: IRO Case # M5-02-2221

Texas Worker's Compensation Commission:

___ has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to ___ for an independent review. ___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, ___ received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a physician who is Board Certified in Physical Medicine and Rehabilitation. He or she has signed a certification statement attesting 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 referral to ___ for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the ___ reviewer who reviewed this case, based on the medical records provided, is as follows:

History

The patient is a 30-year-old female who was injured on ___. She felt acute pain in her low back while she was lifting boxes. She was treated conservatively with both active and passive physical therapy. She was diagnosed with lumbar radiculopathy (mild), disk disruption, and HNP. On a physical performance test on 7/14/00, the patient demonstrated the ability to function at a light physical demand level. She was able to lift 20 pounds and carry 28 pounds. Her employer apparently offered her a job that would require her to lift 10 pounds, and to stand or sit for four hours at a time. The job requirements are within her light duty capacity. On an FCE on 1/24/01, the patient was found to be functioning at a medium duty level. An independent evaluator recommended that the patient return to work with a maximum lifting restriction of 50 pounds, maximum frequent lift/carry of 25 pounds, and maximum continuous lift/carry of 10 pounds. The patient entered a work hardening program 2/19/01-4/12/01.

Requested Service

Work hardening program 2/20/01-4/12/01

Decision

I agree with the carrier's decision to deny the requested treatment.

Rationale

The patient was found to be able to work at a light duty level, and she was offered a job at that level. The job offered did not require lifting more than 10 pounds. No record documenting any attempt to return the patient to work at this level or any level of employment was included in the documentation provided for this review. It is unknown if the patient was able to tolerate the light duty offered. Several months later, prior to the work hardening program, she was found to be functioning at a medium physical demand level. The patient, therefore, was functioning well within the capacity for her job, and there is no indication to support the necessity of a work hardening program.

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This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.

Sincerely,