

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 work hardening was not medically necessary.

Based on review of the disputed issues within the request, the Division has determined that work hardening 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 3-5-01 through 4-6-01 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 28th day of June 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 31, 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 #: M5-02-2231-01  
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 37 year old female sustained an injury to her left lower extremity on \_\_\_ when she was lifting an air handler during the performance of her work. She experienced swelling of her left leg. X-rays of the left lower extremity were negative for fracture and a MRI of the left knee performed on 08/24/00 revealed no tears of any ligament, however, there was the appearance of a questionable popliteal cyst. The patient was under the care of a chiropractor and underwent a work hardening program billed as CPT codes 97545 and 97546 from 03/05/01 to 04/06/01.

### Requested Service(s)

A work hardening program billed as CPT codes 97545 and 97546 from 03/05/01 to 04/06/01.

### Decision

It is determined that the work hardening program billed as CPT codes 97545 and 97546 from 03/05/01 to 04/06/01 was not medically necessary to treat this patient's condition.

### Rationale/Basis for Decision

The medical record documentation reveals that the patient was functioning at a medium duty level prior to starting the work hardening program and was basically unchanged after the program was completed. Entry criteria for a work hardening program includes (1) persons who are likely to benefit from the program and (2) persons whose current level of functioning interferes with their ability to carry out certain tasks required in the workplace. Based on the 01/11/01 functional capacity examination, that rated the patient in a medium duty classification, it does not appear that the patient was a work hardening program candidate.

Sincerely,