

MDR Tracking Number: M5-02-2265-01

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 and related FCE's rendered were not medically necessary.

Based on review of the disputed issues within the request, the Division has determined that work hardening and FCE's fees were the only fees involved in the medical dispute to be resolved. As the treatment, work hardening and FCE's were not found to be medically necessary, reimbursement for dates of service from 8/27/01 through 10/9/01 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 2nd day of October 2002.

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division

CRL/crl

NOTICE OF INDEPENDENT REVIEW DECISION

August 9, 2002

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

RE: MDR Tracking #: M5-02-2265-01
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 56 year old female sustained an injury during the course of her employment on ____. Medical record documentation indicates that she was moving a pallet of tomatoes into a cold room and felt a pain in her low back. Physical examination by the attending physician revealed some decreases in regards to ranges of motion as well as paraspinal muscle spasm. An MRI performed on 07/17/01 indicated some degenerative changes but was negative for herniations or other significant pathologies. Additionally, nerve conduction studies were negative for significant pathologies such as radiculopathies. The claimant underwent an initial functional capacity examination (FCE) on 08/27/01, which indicated she was functioning in the sedentary category. A work hardening program was initiated on 08/28/01 lasting through approximately 10/09/01 with additional interim and/or discharge FCE's performed on 09/17/01 and 10/10/01.

Requested Service(s)

Work hardening and FCE's billed between 08/27/01 and 10/10/01.

Decision

It is determined that the work hardening and the associated FCE's were not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

A functional capacity evaluation performed on 08/27/01 indicated that the patient was functioning in the sedentary physical demand level, which did not match well with her job demand level. The FCE indicated some significant variation in lifting ability values between some trials. In some instances the variations were 15% or greater indicating submaximal effort. Additionally, when considering the claimant's physiological and biomechanical changes, a less than 10% increase in heart rate was indicated for more than half of the tests performed. Additionally, as per the FCE's own criteria, the peak heart rate for each of the six subtests were not in ascending order, again casting doubt on the validity of the test. Further, there appeared to be less than significant gains in regards to the patient's progress over the course of the program indicating less than efficacious care, or submaximal effort in performing either the evaluations or participation in the program. Nevertheless, due to the above factors, the work hardening program and associated FCE's were not medically necessary to treat this patient's condition.

Sincerely,