

MDR Tracking Number M5-02-2555-01

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 services rendered were 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, (work hardening) was not found to be medically necessary, reimbursement for dates of service from 8/27/01 through 9/6/01 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 20th day of November 2002.

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division

CRL/crl

NOTICE OF INDEPENDENT REVIEW DECISION

September 20, 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 #: M5-02-2555-01
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 a work related injury on ___ when she tried to sit in a chair, it collapsed to a lower height and she slipped off and landed on her right side. She complained of pain in her right trapezius area, shoulder and neck. She underwent an MRI on 05/30/01 and evoked potentials and nerve conduction velocities on 03/29/01. The patient was diagnosed with cervical and lumbar sprain/strain. The patient participated in a work hardening program from 08/27/01 through 09/06/01.

Requested Service(s)

Work hardening program from 08/27/01 through 09/06/01

Decision

It is determined that the work hardening program from 08/27/01 through 09/06/01 was not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

The medical record documentation revealed that the patient was involved in passive/active care up to the entry point into the work hardening program. The patient underwent an independent medical examination on 07/12/01 and was certified at maximum medical improvement with an essentially normal physical examination. A functional capacity evaluation (FCE) conducted on 07/12/01 revealed that the patient was already functioning at medium physical demand level (PDL) which was the PDL for her job. The medical record documentation revealed little additional benefit to additional work hardening as noted in the 08/10/01 FCE. As the patient was at medium PDL on 07/12/01 with little benefits noted from the additional care as of 08/10/01, the work hardening program from 08/27/01 through 09/06/01 was not medically necessary.

Sincerely,