

MDR Tracking Number: M5-02-2580-01

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 work hardening rendered was not medically necessary.

Based on review of the disputed issues within the request, the Division has determined that the rendered was the only fee 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 12/19/01 through 1/31/02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 9th day of August 2002.

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division

CRL/crl

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, 8/9/02.

NOTICE OF INDEPENDENT REVIEW DECISION

July 25, 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 #: M5-02-2580-01
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 §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 ___ physician reviewer who is board certified in physical medicine and rehabilitation which is the same specialty as the treating physician. The ___ physician reviewer 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 47 year old male sustained an injury to his left hand on ___, when he caught his hand in a crimping machine. There was injury to both the right and left hands with a suspected scapholunate ligament tear. An EMG was attempted; however, the patient was not able to tolerate the needle portion of the EMG examination. The nerve conduction study report of 04/26/01 reportedly indicated distal latency slowing suggestive of carpal tunnel.

Requested Service(s)

Work hardening program from 12/19/01 through 01/31/02

Decision

It is determined that the work hardening program from 12/19/01 through 01/31/02 was not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

The medical record documentation provided fails to indicate that a pre-program functional capacity evaluation was performed in order to establish the patient's level of function compared with his job requirements. There was no established behavioral medicine component determined prior to the program that would indicate the medical necessity of a multidisciplinary work hardening program over a single discipline work-conditioning program. There is little medical support to indicate that a work hardening level program is of any benefit to an individual with isolated problems post crush injury over a standard rehabilitation exercise program directed towards the hand areas. There is very limited documentation on the part of the work hardening program to support the level of services and to be able to track the patient's progress in the affected areas of the work injury during the course of the treatment between 12/19/01 and 01/31/02. The functional capacity evaluation performed on 01/30/02 indicates that the patient did not show any significant improvement during the period of six weeks of work hardening that he engaged in. Therefore, based on the information provided for review, the work hardening program was not medically necessary.

Sincerely,