

MDR Tracking Number: M5-02-2587-01

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 rendered was not medically necessary.

Based on review of the disputed issues within the request, the Division has determined that the work hardening program rendered was 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 7/16/01 to 8/27/01 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 23 day of, July 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, 7/23/01.

NOTICE OF INDEPENDENT REVIEW DECISION

July 19, 2002

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

RE: Injured Worker:
MDR Tracking #: M5-02-2587-01
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 31-year-old male sustained a work-related injury on ___ when he was sitting at a red light and was struck by another vehicle from behind. The patient continues to complain of low back pain, left shoulder pain, hip pain and numbness. The treating chiropractor prescribed a work hardening program.

Requested Service(s)

Work Hardening Program from 07/16/01 through 08/27/01

Decision

It has been determined that the work hardening program from 07/16/01 through 08/27/01 was not medically necessary.

Rationale/Basis for Decision

The documentation from the work hardening program does not support the medical necessity for the program. The progress notes were insufficient to provide daily medical necessity for the program and the patient's performance in the program was below the physician's duty restriction of 06/19/01. The progress notes, which consisted of check-offs for strengthening, endurance, range of motion, and work simulation, did not provide specifics as to the patient's performance level and activities throughout the seven-hour per day program. In addition, the patient's symptoms were not consistent with the examination findings and the initial examination at the work hardening program demonstrated global strength decreases not supported by previous examinations.

Therefore, the work hardening program was not medically necessary.

Sincerely,