MDR Tracking Number: M5-02-2629-01

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 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 7-17-01 through 8-23-01 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 3rd day of October 2002.

Dee Z. Torres, Medical Dispute Resolution Officer
Medical Review Division

DZT/dzt

NOTICE OF INDEPENDENT REVIEW DECISION

September 6, 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 #: M5-02-2629-01
IRO Certificate #: 4329

___ 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 46 year old male sustained a work related injury on ___. The patient was pulling a rope to start a high-pressure washing machine when the rope got into a bind and jerked the patient's elbow. An MRI performed on 05/18/00 of the right elbow indicated lesions to the affected elbow. A needle EMG was performed on 06/01/00, which indicated cubital syndrome and latent ulnar nerve. The patient was diagnosed with ulnar neuropathy and underwent a course of conservative, active/passive care. A recommendation was made for surgery, which the patient apparently denied at one time, opting for additional rehabilitative care. The extra rehabilitative care was not particularly efficacious in bringing about a resolution in the case and the patient eventually underwent surgery on 05/02/01. The patient participated in a work hardening program from 07/01/01 through 08/23/01.

Requested Service(s)

Work hardening program from 07/01/01 through 08/23/01.

Decision

It is determined that the work hardening program from 07/01/01 through 08/23/01 was not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

Typically, after surgery, a course of active care is employed to bring the patient as close as possible to his pre-injury employment level. The patient appears to have benefited from the active care post surgery. However, there is no documented evidence of any behavioral or psychological concerns present at any time during the treatment of this patient. In addition, there is no indication of any psychological components to the patient's symptomatology that would qualify him for the work hardening program depicted in the clinical record. Work hardening programs have within their make-up a very large component of psychological treatment to address behavioral or psychological concerns that may have developed as a result of the injury or that may develop due to the length of incapacitation. Any psychological component that was utilized during the work hardening program was not supported by the submitted documentation. Based on standards of care within the chiropractic profession and review of the clinical record, the work hardening program in question from 07/01/01 through 08/23/01 was not medically necessary to treat this patient's condition.

Sincerely,