

MDR Tracking Number: M5-02-2657-01

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 11/12/01 to 11/19/01 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 18<sup>th</sup> day of October 2002.

Noel L. Beavers  
Medical Dispute Resolution Officer  
Medical Review Division

NLB/nlb

September 30, 2002

Re: Medical Dispute Resolution  
MDR #: M5.02.2657.01  
IRO Certificate No.: IRO 5055

Dear

\_\_\_ has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, \_\_\_ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating health care provider. A physician who is a doctor of Chiropractic medicine reviewed this case.

The physician reviewer **AGREES** with the determination of the insurance carrier in this case. The reviewer is of the opinion that the work hardening program from 11.12.01 through 11.19.01 **WAS NOT MEDICALLY NECESSARY.**

I am the Secretary and General Counsel of \_\_\_ and I certify that the reviewing healthcare professional in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

We are forwarding herewith a copy of the referenced Medical Case Review with reviewer's name redacted.

Sincerely,

### **MEDICAL CASE REVIEW**

This is for \_\_\_\_. I have reviewed the medical information forwarded to me concerning MDR #M5-02-2657-01, in the area of Physical Medicine and Rehabilitation. The following documents were presented and reviewed:

A. MEDICAL INFORMATION REVIEWED:

1. Table of Disputed Services.
2. Explanation of Benefits.
3. Medical records review from Review Med, L.P., dated 11/27/01, and signed by \_\_\_\_.
4. Medical records from \_\_\_\_, Work Hardening discharge note, and progress notes.

B. BRIEF CLINICAL HISTORY:

The patient was injured on \_\_\_ and suffered a hip fracture. She underwent open reduction and internal fixation on 9/01/99, with removal of hardware on 1/28/00. She had aquatic therapy following her surgery. She continued to have hip pain. She was involved in a chronic pain management program at \_\_\_\_. Her pain program involved extensive counseling and physical therapy interventions between 6/27/01 and 8/03/01. Subsequently, the patient was entered into a work hardening program, in which she participated for one week but was felt to be unable to comply with the program, based upon feelings of detachment and other symptoms. She was referred for additional neurological evaluation and assessment.

C. DISPUTED SERVICES:

The services in dispute are the work hardening program including physical therapy and counseling between 11/12/01 and 11/19/01.

D. DECISION:

I AGREE WITH THE DETERMINATION OF THE INSURANCE CARRIER IN THIS CASE IN THAT THE WORK HARDENING PROGRAM, INCLUDING PHYSICAL THERAPY AND COUNSELING, FROM 11/12/01 THROUGH 11/19/01, WAS NOT MEDICALLY NECESSARY.

E. RATIONALE OR BASIS FOR DECISION:

This patient was entered into a chronic pain management program at the \_\_\_\_\_. The pain management program was extensive and involved multiple tertiary services. The patient subsequently was entered into a work hardening program at the same facility where she had been previously treated with the chronic pain program. Multiple issues arose in this case, as the patient failed to progress with the work hardening program. However, it should have been quite clear, as this was the same system of care in which she had been entered into the chronic pain management program prior, that she would not be capable of completing such a program. Approximately three months prior to the work hardening program, the patient had been involved in the pain management program, and there is no evidence of any work-related or non-work-related intervening issues which would have led to a significant psychiatric or neurological change. In addition, the patient was basically able to work in a sedentary or light-duty capacity prior to entering into the work hardening program, and her goal was to reach the same level of care. Finally, the patient did not have a job to return to prior to entering into the work hardening program, at least as the medical records reflect.

For all of the above reasons, entering into a work hardening program would not be considered a reasonable, necessary and appropriate usage of healthcare services.

F. DISCLAIMER:

The opinions rendered in this case are the opinions of this evaluator. This medical evaluation has been conducted on the basis of the documentation as provided to me with the assumption that the material is true, complete and correct. If more information becomes available at a later date, then additional service, reports or consideration may be requested. Such information may or may not change the opinions rendered in this evaluation. My opinion is based on the clinical assessment from the documentation provided.

Date: 23 September 2002