

MDR Tracking Number: M5-02-2941-01

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 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 7/16/01 through 8/24/01 is denied and the Division declines to issue an Order in this dispute.

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

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division

CRL/crl

September 27, 2002

David Martinez
TWCC Medical Dispute Resolution
4000 IH 35 South, MS 48
Austin, TX 78704

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IRO #: 5251

___ has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this 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 care rendered to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed Doctor of Chiropractic. The ___ health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors 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 the dispute.

CLINICAL HISTORY

___ was injured on her job with ___ when she was working in a clerical job and had a gradual onset of pain in her wrists from repetitive trauma. She was seen by ___ at ___ for her pain and he diagnosed a cervical, lumbar and bilateral upper extremity involvement. The EMG performed by ___ revealed a bilateral Carpal Tunnel Syndrome. MRI of the wrist revealed that there was a tear of the TFCC in the left hand with carpal tunnel findings. MRI of the lumbar and cervical spines was negative. The spinal MRI's were performed on May 14, 2001 and the left hand was taken on June 6, 2001 at ___. There was apparently a prior evaluation of the wrists by MRI at ___ performed on April 26, 2001 which was normal. If there was a TFCC disruption in this patient, it seemed to have happened after the date of injury.

___ was treated with very aggressive care in this case, but I seen no referral to a hand surgeon for the evaluation of the necessity of a CT release nor a TFCC repair. Presuming that this was not considered necessary by the treating doctor, the opinions of ___ are noted in the file. He is a general orthopedic surgeon in ___. His examination on June 5, 2001 indicated normal reflexes both upper and lower, normal radial, median and ulnar nerve functions (apparently both sensory and motor are included) and equal ranges of motion in the wrists. He did note that the wrist ROM's were diminished bilateral. Tinel's and Phalen's were negative bilateral. He did say that work hardening would be beneficial.

The file does indicate that work conditioning was performed on this patient in June and July of 2001.

___ was found to be at MMI with 0% impairment by ___ on August 21, 2001 and was later evaluated by ___ as a designated doctor. ___ assessed impairment at 9% whole person with MMI as of 9/29/2001.

DECISION

The reviewer agrees with the prior adverse determination.

BASIS FOR THE DECISION

The patient was injured on _____. She underwent very extensive active rehabilitation from early on in the program, which certainly could be viewed as necessary. She underwent extensive diagnostics which indicated some dysfunction with the hands, per the EMG. MRI does show the TFCC interruption on a June MRI, but not on the April MRI. This indicates that the patient may have injured herself while working in the rehabilitation. Regardless, consideration should be given to such an injury. No hand specialist who would be responsible for determining medical necessity of a surgical procedure for the repair of this injury was consulted by the treating doctor. Instead, even while there was evidence of a TFCC tear in the left hand, a work conditioning program was begun. The patient has a largely sedentary job, so no goals are presented for work conditioning to be successful, but one could argue that a job simulation type of program could be adapted for a patient who performs data entry and customer service duties. However, I am unable to find any reason for medical necessity of a work hardening program which follows a work conditioning program.

The patient had only been injured for 2 months when this very extensive treatment was initiated and certainly did not fit under the guidelines that existed at that time for a return to work program. Certainly a return to work program only 2 months after injury is very suspect for medical necessity, but to follow one return to work program by another would have no basis in scientific principles.

Finally, even lacking the previous work conditioning program, I am unable to certify the medical necessity of this program based on the doctor's own documentation. He obviously is an honest provider who documents the way the patient responds to the care. This patient clearly did not respond, with her pain level vacillating between "moderate pain" and "strong pain" throughout the program and her strength level going between "moderate strength" and "some strength". Progress simply was not documented for this patient and there is not an indication that even if she had progressed that this program would have improved her ability to return to the work place. As a result, I am unable to find that this program was medically necessary.

As an officer of _____, I certify that there is no known conflict between the reviewer, _____ and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

_____ is forwarding this finding by US Postal Service to the TWCC.

Sincerely,