MDR Tracking Number: M5-02-2998-01

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, including report, FCE's and office visits were not medically necessary. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Division has determined that work hardening program, including report, FCE's and office visit 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 7/3/01 to 1/16/02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 10th day of March 2003.

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division

CRL/crl

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

February 4, 2003

Re: IRO Case # M5-02-2998

Texas Worker's Compensation Commission:

___ has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to ___ for an independent review. ___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, ___ received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a Doctor of Chiropractic who is licensed by the State of Texas. He or she has signed a certification statement attesting 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 referral to ___ for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the ___ reviewer who reviewed this case, based on the medical records provided, is as follows:

History
The patient was injured on ___ when a coworker dropped a scaffold pipe brace. The pipe struck the patient on the head. He was wearing a hard hat. An MRI of the head and neck, electrophysiological testing and numerous medical evaluations were performed. The patient has been treated with physical therapy, chiropractic care and work hardening.

Requested Service
Work hardening program , including reports, FCEs, office visits 7/3/01-1/16/02

Decision
I agree with the carrier's decision to deny the requested treatment.

Rationale
The documentation provided for review indicates that patient has undergone extensive physical therapy, chiropractic care and work hardening with little if any documented evidence showing that he has benefited from the regime of treatment. The patient even stated that his neck pain was getting worse during the work hardening program in May, 2001. The MMI date of 5/12/01 is reasonable. At that time there were no clinical signs of neurological deficit. MRI and nerve conduction studies were essentially normal. Based on the documentation presented, the patient should have been released from active care as of the MMI date of 5/12/01 and then started on a home based strength and conditioning program. The treatment given after the MMI date of 5/12/01exceeded standards of care regarding duration and frequency. It appears that the patient's condition plateaued in a diminished condition as of this date, and further treatment, including the treatment in dispute was inappropriate.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.

Sincerely,