MDR Tracking Number: M5-02-3054-01

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. 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 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 3/7/02 to 4/23/02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 13th day of February 2003.

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division

CRL/crl

December 17, 2002

Texas Workers' Compensation Commission
Medical Dispute Resolution
4000 South IH-35, MS 48
Austin, TX 78704-7491

Re: Medical Dispute Resolution
MDR# : M5-02-3054-01
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. This case was reviewed by a physician who is Board Certified in Physical Medicine and Rehabilitation.

Clinical History:
This female patient injured her hip and knee on her job on ___. On 09/16/01, she underwent a diagnostic arthroscopy with partial synovectomy and partial medial meniscectomy and medial femoral condyle chondroplasty and partial lateral meniscectomy. She then underwent physical therapy and work hardening.

Disputed Services:
Work hardening program from 03/07/02 through 04/23/02.

Decision:
The reviewer agrees with the determination of the insurance carrier in this case. The reviewer is of the opinion that the program in question was not medically necessary.

Rationale for Decision:
The patient underwent right knee surgery on 09/16/01. She continued physical therapy postoperatively through at least 01/09/02, amounting to greater than three months of physical therapy for a postoperative right knee. At the end of that time, she complained of pain in the knee, especially when standing for a long time. A Physical Demands Survey relating to her job showed required ability for standing to be 30 minutes, walking to be one hour, and sitting 6.5 hours.

A work hardening note for 02/11/02, stated that the patient was noted to have tolerated the treatment well and did not have any complaints that day. Consistently noted on each date is "patient has no complaint today" and that the patient tolerated the therapy well.

By 03/07/02, the patient exhibited a level of physical ability that clearly indicates that she could have returned to her former employment's physical demands without significant difficulty. The claimant had adequate physical abilities to return to her job by 03/07/02 and, therefore, did not need further work hardening.

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 who reviewed this case for determination prior to referral to the Independent Review Organization.

Sincerely,