

MDR Tracking Number: M5-03-0834-01

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 12/10/01 to 12/28/02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 22nd day of April 2003.

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division

CRL/crl

April 9, 2003

Re: Medical Dispute Resolution
MDR #: M5-03-0834-01

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:

On ____, this female claimant reported that her left hand and wrist were going numb and were aching due to daily typing and data input. The following day she was diagnosed with bilateral carpal tunnel syndrome.

On 10/04/01, she was begun on a trial of physical therapy three times a week for three weeks consisting of fludotherapy, paraffin bath therapy and chiropractic care. On 10/26/01 all passive modalities were discontinued and therapeutic exercise and kinetic activities were added, continuing three times a week for three weeks.

The physician's note of 11/19/01 stated, "cardiovascular functioning is improving", and indicates that the therapeutic exercises for two 15-minute intervals were used to "develop strength, endurance, range of motion and flexibility." On 11/21/01 it was noted that the patient was at "the end of her eight weeks of physical medicine." Work hardening commenced on 12/10/01, and continued through 12/28/01.

Disputed Services:

Work hardening program from 12/10/01 through 12/28/01.

Decision:

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

Rationale for Decision:

On 11/16/01, the physician noted, "We are going to keep the patient off work only because no light duty is available." A Report of Medical Evaluation dated 11/26/02, stated that the patient developed "intensive bilateral hand and wrist pain subsequent to her full-time keyboarding activities." These two notations indicate that the patient had a job consisting of keyboarding, which is justly identified as light duty, which appears to be supported by the treating chiropractor. A Physical Performance Test administered on 11/29/01 classified the patient as being capable of light full-time duty.

A work hardening program was excessive for this individual. Based on identifiable job requirements, she was capable of performing her job duties prior to the initiation of 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 or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

Sincerely,