

MDR Tracking Number: M5-03-1166-01

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, 2003 and Commission Rule 133.305 and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review 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 office visits, functional capacity evaluation, and work hardening program 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 the office visits, functional capacity evaluation, and work hardening program 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 1/10/02 through 1/25/02 are denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 12th day of May 2003.

Margaret Q. Ojeda
Medical Dispute Resolution Officer
Medical Review Division

MQO/mqo

NOTICE OF INDEPENDENT REVIEW DECISION

April 1, 2003

Rosalinda Lopez
Program Administrator
Medical Review Division
Texas Workers Compensation Commission
4000 South IH-35, MS 48
Austin, TX 78704-7491

RE: MDR Tracking #: M5-03-1166-01
IRO Certificate #: IRO 4326

The ___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced 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 rendered care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a matched peer with the treating health care professional. This case was reviewed by a health care professional licensed in chiropractic care. ___ health care professional has signed a certification statement stating 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 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 this case.

Clinical History

This patient sustained a work-related injury on ___ resulting in a diagnosis of bilateral carpal tunnel syndrome. The patient underwent surgery to the right wrist in April of 2001 and the left wrist in October of the same year. Chiropractic and rehabilitative care ensued.

Requested Service(s)

Office visits, functional capacity evaluation (FCE), and work hardening program from 01/10/02 through 01/25/02.

Decision

It is determined that the office visits, functional capacity evaluation, and work hardening program from 01/10/02 through 01/25/02 were not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

The medical record documentation does not establish a rationale for the chiropractic care. Prior FCE reports indicate that the patient was performing in the sedentary physical demand category on 08/07/01 as well as 12/31/01. If the patient is already performing in the required category, the rationale for additional testing is not established. In addition, the rationale for work hardening is not established due to prior functional abilities as well. A report dated 12/31/01 indicates that the patient meets all sedentary requirements, which is the required job physical demand level defined by the Department of Labor. Moreover, no psychosocial issues are identified in the documentation. Typical work hardening programs have a large psychological component to address issues that might be complicating recovery. This does not apply to this patient. Due to the lack of identified psychosocial issues and the functional abilities of the patient, the above services and associated office visits were not medically necessary to treat this patient.

Therefore, the office visits, functional capacity evaluation, and work hardening program from 01/10/02 through 01/25/02 were not medically necessary.

Sincerely,