

MDR Tracking Number: M5-04-0240-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General 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 dispute was received on September 19, 2003. The requestor withdrew the physician team conference 99361 for dates of service 06-24-03, 07-24-03 and 07-28-03.

The Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the majority of the medical necessity issues. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was the only issue** to be resolved. The work hardening and physician team conference from 06-23-03 through 07-06-03 were found to be medically necessary. The IRO agrees with the previous determination that the work hardening and physician/team conference from 07-07-03 to 07-31-03 were not medically necessary. The respondent raised no other reasons for denying reimbursement for work hardening and physician team conference from 06-23-03 through 07-31-03.

This Finding and Decision is hereby issued this 11th day of December 2003.

Georgina Rodriguez
Medical Dispute Resolution Officer
Medical Review Division

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20-days of receipt of this Order. This Order is applicable to dates of service 06-23-03 through 07-31-03 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Order is hereby issued this 11th day of December 2003.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

RL/gr

November 24, 2003

MDR Tracking #: M5-04-0240-01

IRO Certificate #: IRO4326

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 Medicine. ___'s 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 an injury to his left hand on ___ when he slipped and fell, landing on his out-stretched hand. He saw a chiropractor for treatment and physical therapy. Electromyography and nerve conduction studies dates 05/16/03 were negative.

Requested Service(s)

Work hardening and physician/team conference from 06/23/03 through 07/31/03

Decision

It is determined that the work hardening and physician/team conference from 06/23/03 through 07/06/03 were medically necessary to treat this patient's condition. However, the work hardening and physician/team conference from 07/07/03 through 07/31/03 were not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

The patient was a viable candidate for work hardening based on the documentation provided. A designated doctor examination had been performed and deemed the patient at maximum medical improvement (MMI); however this does not mean that the patient would not be a candidate for work hardening.

The patient, by virtue of a functional capacity evaluation (FCE), had functional deficits that could be addressed in a return to work program such as work hardening. Furthermore, the patient had documented psychological issues that may have been negatively affecting his recovery. The psychological concerns could have also been addressed in the work hardening program. However, there are no apparent serial examinations that indicate that the patient was making objective progress in regards to the work hardening program. No follow-up comparative studies are included in the documentation that indicate that the work-hardening program was producing therapeutic gain for this patient. Given the lack of comparative objective information, the initial first two weeks of work hardening was necessary to represent a trial of care. Therefore, it is determined that the work hardening and physician/team conference from 06/23/03 through 07/06/03 were medically necessary to treat this patient's condition. However, the work hardening and physician/team conference from 07/07/03 through 07/31/03 were not medically necessary.

Sincerely,