

MDR Tracking Number: M5-03-0425-01

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 assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 10-09-03. The fee issues for date of service 11-22-02 were withdrawn on 01-28-03 by ___ at ___.

The Medical Review 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 on 10-21-02 through 11-25-02 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 Medical Review Division has determined that medical necessity fees were the only fees involved in the medical dispute to be resolved. As the services listed above were not found to be medically necessary, reimbursement for dates of service 10-21-02 through 11-25-02 are denied and the Medical Review Division declines to issue an Order in this dispute.

This Decision is hereby issued this 29th day of January 2004.

Debra L. Hewitt
Medical Dispute Resolution Officer
Medical Review Division

DLH/dlh

NOTICE OF INDEPENDENT REVIEW DETERMINATION

MDR Tracking Number: M5-04-0425-01
IRO Certificate Number: 5259

December 8, 2003

An independent review of the above-referenced case has been completed by a medical physician board certified in physical medicine and rehabilitation. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by Texas Medical Foundation, or by the application of medical screening criteria

and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

___ hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to ___.

Sincerely,

CLINICAL HISTORY

There were no medical records presented to outline the medical history. The injury apparently caused a rib fracture. There is some confusion relative to the date of injury (noted as ___), the date of the initiation of the work hardening program (noted to be October 21, 2002) and a statement on the work hardening treatment plan that as of September 2002, the claimant had returned to work. Given the nature of the injury sustained and flexibility and variability of the work position it is not clear why this work hardening program was initiated.

Additionally, as noted by the treatment progress notes, compliance was 60% or less after the first week. This would speak to less than an actual need for this program.

REQUESTED SERVICE(S)

Work Hardening Program

DECISION

This program was not clinically indicated, medically necessary or reasonable and necessary care for the injury sustained. Deny.

RATIONALE/BASIS FOR DECISION

This is a gentleman who sustained a rib fracture. There was no medical information presented that this was anything but an undisplaced fracture. Moreover, there is no information presented that there was a need for a multi-disciplinary program as noted by a WH protocol. In fact, the undated progress notes from the first week of the program noted that the goal was to improve strength and conditioning. Therefore, this would limit the need for such rehabilitation to a work conditioning protocol, if that was required. As noted in the

documentation presented, this gentleman apparently had returned to work and was taken off work to proceed with the work hardening program. Further, there is a significant lack of participation that would indicate the lack of a need for this program. Lastly, there is no indication of any psychiatric need that would be part of this protocol.