

MDR Tracking Number: M5-04-0948-01

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 December 1, 2003.

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 physical performance test (97750), office visits (99213) work hardening (97545-WH) and work hardening additional hour (97546-WH) 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 fees were the only fees involved in the medical dispute to be resolved. As the treatments listed above were not found to be medically necessary, reimbursement for dates of service from 05-06-03 to 07-08-03 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 1st day of March 2004.

Patricia Rodriguez
Medical Dispute Resolution Officer
Medical Review Division
PR/pr

February 25, 2004

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IRO #: 5251

___ has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this 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 care rendered to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed Doctor of Chiropractic. The reviewer is on the TWCC Approved Doctor List (ADL). The ___ health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors 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 the dispute.

CLINICAL HISTORY

___ a 35-year-old male, sustained a leg and lower back injury while at work on ____.. There are two conflicting mechanisms of injury identified. The initial report from the treating doctor reports that the patient was carrying a water pump when he slipped, and fell into a 10 ft. hole landing on his buttocks and lower back. Subsequently additional information came to light that relayed that the patient had simply slipped while climbing into the hole, falling against the side of the hole, suffering a soft tissue injury. Apparently, subsequent administrative determination limited the injury to “soft tissue only, not spine”.

The patient was initially was seen by a company doctor and then sought care from ___ on 3/6/03. X-rays were taken and these were unremarkable. Patient was placed on a comprehensive treatment régime consisting of spinal manipulation and adjunctive therapeutic modalities. MRI on 3/20/03 of lumbar spine reveals 3 mm annular disc bulge at L4/5 with left facet cyst entering the spinal canal, disc desiccation at L5/S1 with a 2 mm annular bulge. Thoracic MRI on the same date is normal. The patient entered into a work hardening program on 5/26/03, with the last disputed date on 6/23/03. The patient was placed at MMI on 6/2 5/03 with a 5% whole person impairment rating.

DISPUTED SERVICES

Under dispute is the medical necessity of (97750) physical performance test, office visits (99213), work hardening (97545-WH) and work hardening additional hour (97546-WH)

DECISION

The reviewer agrees with the prior adverse determination.

BASIS FOR THE DECISION

There are a number of problems with this particular case. There is a dispute as to the mechanism and extent of injury with conflicting clinical information between different providers. The patient underwent a substantial conservative treatment régime, followed by almost eight weeks of work hardening. There are some questionable entry criteria for work hardening in this particular case. The work hardening does provide for some improvement in strength, however this improvement alone does not satisfy qualification for entry into the program. The majority of the documentation supplied regarding the work hardening program indicates a fairly basic exercise program.

There is very little in the documentation to substantiate the requirement for an intensive multidisciplinary approach.

___ has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. ___ has made no determinations regarding benefits available under the injured employee's policy

As an officer of ___, Inc, dba ___, I certify that there is no known conflict between the reviewer, ___ and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

___ is forwarding this finding by US Postal Service to the TWCC.

Sincerely,