

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 January 12, 2004.

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 work hardening/conditioning 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 fees were the only fees involved in the medical dispute to be resolved. As the treatment listed above was not found to be medically necessary, reimbursement for dates of service from 07-14-03 to 08-22-03 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 17th day of March 2004.

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

NOTICE OF INDEPENDENT REVIEW DECISION

Date: March 11, 2004

MDR Tracking #: M5-04-1301-01
IRO Certificate #: 5242

___ 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 proposed 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 Chiropractic physician reviewer who has an ADL certification. The reviewer 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

According to the supplied documentation, ___ sustained an injury at work on ___ when he hit his knee on a scissor lift. The claimant was evaluated by ___ on 07/01/2002. Passive therapy began. Plain films were taken on 07/09/2002 with no abnormalities. A MRI was performed on 08/14/2002, which revealed a horizontal tear of the posterior horn of the medial meniscus in the right knee. The claimant was referred for an orthopedic consult. The documentation reports that the claimant had a myocardial infarction around 08/2002 and surgery had to be postponed. The claimant had arthroscopy performed to his right knee on 04/02/2003. The claimant underwent a work hardening program and a passive/active chiropractic therapy program simultaneously. The claimant had several FCEs performed. The claimant was assessed a 7% whole person impairment on 09/04/2003.

Requested Service(s)

Please review and address the medical necessity of the outpatient services including work hardening/conditioning rendered between 07/14/2003 and 08/22/2003.

Decision

I agree with the insurance company that the services rendered were not medically necessary.

Rationale/Basis for Decision

According to the supplied documentation, the claimant had medically necessary surgery to his right knee on 04/02/2003. A normal passive/active treatment regimen lasting between 6-8 weeks is considered reasonable and medically warranted. There is no objective documentation that supports the claimant to undergo the work hardening program. The FCE performed on 07/01/2003 placed the claimant at a light medium level, which is slightly under his medium PDL he was prior to his compensable injury. There was not enough supportive documentation that would justify the claimant receiving 8 hours of work hardening daily for a knee injury. The extensive amount of therapy that the claimant had received prior to and after his surgery would be sufficient to help the claimant return to work. If continued therapy would have been necessary beyond the initial 8 weeks post surgery, then an appropriate home-based exercise program could have been performed with theraband and other simple exercises. Work hardening is not considered reasonable in ___ case and would only prevent him from returning to work and decreasing the chances that ___ would return to the workforce.