

MDR Tracking Number: M5-04-1677-01

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 2-09-04.

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 (initial and additional hours) and functional capacity evaluation from 2/06/03 through 2/28/03 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 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 2/06/03 through 2/28/03 are denied and the Medical Review Division declines to issue an Order in this dispute.

This Decision is hereby issued this 28th day of April 2004.

Regina L. Cleave
Medical Dispute Resolution Officer
Medical Review Division
RLC/rlc

April 14, 2004
Amended April 22, 2004

MDR Tracking #: M5-04-1677-01
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

___ was injured on the job on ___ injuring his right knee when a cylinder fell on it. He eventually received surgery due to continued symptoms. The question of medical necessity actually relates to the follow-up work hardening from the date of 02/06/03 through 02/28/03. ___ performed work hardening during this time, but the insurance declined it as medically unnecessary due to the surgery being done for issues unrelated to the injury and that the work hardening was not individualized.

DISPUTED SERVICES

Under dispute is the medical necessity of work hardening and the 2/28/02 FCE.

DECISION

The reviewer agrees with the previous adverse determination regarding the work hardening program and the FCE on 2/28/02.

BASIS FOR THE DECISION

As stated previously, the surgery was performed to alleviate symptoms that arose from the injury to the right knee, so it was medically necessary. A review of the notes supported ___ assertion that it was individualized. The problem is that on page one of the initial FCE dated 12/18/02 it is noted that his job demand PDL is light medium and that his current PDL was light medium. There is also a statement that the patient was able to work light medium physical demand level for activity above and below the waist. Later on that same page, some of the patient's deficiencies were noted, but with no explanation as to how they might preclude him from returning to work. A subsequent FCE dated 02/28/02 still put him at a current PDL of light medium, only now he was able to return to work. Again, there is no explanation as to how this is possible because in some areas the patient's ability had degenerated. In the end, ___ assertions of the need for work hardening are not reflected credibly by the FCEs. Therefore, the dates of service in question are deemed medically unnecessary.

___ 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,