

MDR Tracking Number: M5-04-2245-01

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 March 22, 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-initial 2 hours, work hardening-each additional hour, physical performance test, and treating doctor exam from 07-15-03 through 09-16-03 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 Division has determined that fees were the only fees involved in the medical dispute to be resolved. As the treatment listed above were not found to be medically necessary, reimbursement for dates of service from 07-15-03 to 09-16-03 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 30<sup>th</sup> day of June 2004.

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

May 25, 2004

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IRO Certificate No.: 5055

\_\_\_ has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, \_\_\_ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

I am the Secretary and General Counsel of \_\_\_ and I certify that the reviewing healthcare professional in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

Information and medical records pertinent to this medical dispute were requested from the Requestor and every named provider of care, as well as from the Respondent. The independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a physician who is certified in Chiropractic Medicine and is currently on the TWCC Approved Doctor List.

## **REVIEWER'S REPORT**

### **Information Provided for Review:**

TWCC-60, Table of Disputed Services, EOB's

Information from Requestor: correspondence, office visit notes, daily treatment notes, physical therapy notes, FCE and radiology reports.

Information from Respondent: Correspondence.

### **Clinical History:**

The claimant is a 52-year-old male who was involved in a work-related event on \_\_\_\_ that resulted in injury to his back and shoulders. He claimant presented to the physician's office and was diagnosed with a work-related injury that included an acute cervical strain, thoracic strain, lumbar strain, and muscle spasms; MR imaging of the cervical spine was advised, and pain medication was prescribed that included: hydrocodone, parafon forte, and Motrin.

On/about 06/11/03, the claimant presented to the offices of a chiropractor and was diagnosed with a neck sprain (847.0), thoracic sprain (847.1), lumbar strain (847.2), and cervical disc displacement (722.0). MR imaging on 06/13/03 of the cervical spine revealed posterior bulging of C3, posterior bulging of C4, and posterior bulging of C3; no contact with the thecal sac was noted in any cervical spine segment. MR imaging of the lumbar spine performed on 06/13/03 revealed central disc protrusion at L5, 2-3 mm.

Functional capacity evaluation (FCE) performed on 07/11/03 revealed that the claimant was able to function within a medium physical demand classification (PDC); a trial of work-hardening therapy was recommended. Functional capacity evaluation (FCE) on 08/05/03 and on 08/26/03 both revealed that the claimant was capable of functioning at a medium-heavy physical demand classification. The provider implemented a trial of work-hardening therapies from 07/15/03 through 09/16/03.

### **Disputed Services:**

Work hardening-initial 2 hours, work hardening-each additional hour, physical performance test, and treating doctor exam during the period of 07/15/03 through 09/16/03.

### **Decision:**

The reviewer agrees with the determination of the insurance carrier. The work hardening program in dispute as stated above was not medically necessary in this case.

**Rationale:**

The provider's rationale for the implementation of work hardening and associated therapeutics in the management of this claimant's condition is not clear from the reviewed medical record.

The claimant was injured on \_\_\_ and a 30-session trial of work-hardening therapy was initiated on 07/15/03. Functional capacity evaluation testing performed on 07/11/03 revealed that the claimant was able to function within a medium physical demand classification, and his position required a medium-heavy physical demand classification. It is at this time that the claimant should have been released from the provider's care, and no further services should have been performed.

There is no qualitative/quantitative data provided to support the application of a multi-disciplinary return to work rehabilitation program like work-hardening as opposed to uni-disciplinary therapeutic applications like work conditioning. In order to be a qualified candidate for progression to upper level therapeutics like work hardening, a psychosocial baseline must be established to warrant a behavioral component in any proposed therapeutic trial. The provider has failed to establish any psychosocial depths of function that would warrant transition to upper level therapeutics that include work hardening.

The proximity of the provider's applied course of work hardening and associated therapeutics to the date of the claimant's injury (less than 45 days) is a highly atypical practice and is not common among rehabilitation professionals. There is no data provided that would effectively establish this claimant's current medical condition within any treatment algorithm where work hardening would be a viable therapeutic option.

The afore-mentioned information has been taken from the following guidelines of clinical practice and/or peer-reviewed journals:

Lechner, D. E. *Work Hardening and Work Conditioning Interventions: Do They Affect Disability?* Phys. There. 1994 May; 74 (5): 471-93.  
*Overview of Implementation of Outcome Assessment Case Management in the Clinical Practice* Washington State Chiropractic Association; 2001, 54p  
Schonstein, E. ET. Al. *Work Conditioning, Work Hardening, and Functional Restoration for Workers With Back and Neck Pain.* Cochran Database Syst Rev. 2003; (1): CD 001822.

Sincerely,