

**MDR Tracking Number: M5-04-2564-01**

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 4-16-04.

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) services and the functional capacity evaluation rendered from 8/15/03 through 10/06/03 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, the request for reimbursement for dates of service 8/15/03 through 10/06/03 is denied and the Medical Review Division declines to issue an Order in this dispute.

This Decision is hereby issued this 4<sup>th</sup> day of August 2004.

Regina L. Cleave  
Medical Dispute Resolution Officer  
Medical Review Division

RLC/rlc

**Envoy Medical Systems, LP**  
**1726 Cricket Hollow**  
**Austin, Texas 78758**

Ph. 512/248-9020  
IRO Certificate #4599

Fax 512/491-5145

**NOTICE OF INDEPENDENT REVIEW DECISION**

July 14, 2004

**Re: IRO Case # M5-04-2564** amended 7/28/04

## Texas Worker's Compensation Commission:

Envoy Medical Systems, LP (Envoy) has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to Envoy for an independent review. Envoy has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, Envoy received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a Doctor of Chiropractic, who is licensed by the State of Texas, and who has met the requirements for TWCC Approved Doctor List or has been approved as an exception to the Approved Doctor List. He or she has signed a certification statement attesting 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 referral to Envoy for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the Envoy reviewer who reviewed this case, based on the medical records provided, is as follows:

### Medical Information Reviewed

1. Table of disputed service 12/30/02 – 10/13/03
2. Explanation of benefits
3. Letter from carrier to treating D.C 5/1903
4. Letter from carrier's attorney 5/3/04
5. Peer reviews 7/30/03, 10/19/03, 1/26/04, 8/5/03
6. TWCC-69 reports
7. DDE report 7/3/03
8. MDR request 3/31/04
9. Work hardening notes
10. Initial D.C. report 5/15/03
11. FCE reports
12. MRI left hand report 5/16/03
13. Treatment notes
14. Reports 7/28/03, 5/22/03
15. TWCC work status reports
16. D.C. daily progress notes

History

The patient injured her left hand on \_\_\_ when she struck her hand on a metal rail. She initially went to a medical clinic. She then sought chiropractic care and was treated for several weeks with good results. The patient then started a work hardening program.

Requested Service(s)

Work hardening (initial and additional hours), FCE 8/15/03 – 10/6/03

Decision

I agree with the carrier's decision to deny the requested services.

Rationale

The patient received a fair trial of chiropractic treatment before the work hardening program started, with good results. She returned to work at the light/medium demand level, and her employer was accommodating her restrictions. She was then put in a work hardening program, and her condition deteriorated as the program continued.

At the time the patient was placed in the work hardening program she was very close to the physical demand level of her job, and based on the records provided, she could have easily transitioned into full duty without such a structured and intense work hardening program.

The patient failed to meet the necessary criteria for a work hardening program. A psychological profile and questionnaire were lacking in the documentation presented. I question the use of a highly structured multidisciplinary program for what appears from the records to be a minor contusion injury of the hand. In September 2003 the patient even stated that the program was not helping her, and in fact was intensifying her symptoms. On 9/15/03 a physician noted that the patient was not responding to conservative care and recommended injections. The records provided for review failed to show why a work hardening program was necessary.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.

---