

MDR Tracking Number: M5-04-2585-01

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 April 16, 2004.

The Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the majority of the medical necessity issues. 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 was the only issue** to be resolved. The initial FCE 97750-FC of 04-29-03 and the impairment examination of 06-10-03 (99455) **were found** to be medically necessary. The work hardening program from 04-28-03 through 05-23-03 and the 97750-FC on 05-19-03 and 05-27-03 **were not found** to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed services.

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20-days of receipt of this Order. This Order is applicable to dates of service 04-29-03 for 97750-FC and 06-10-03 for 99455 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Order is hereby issued this 18th day of August 2004.

Patricia Rodriguez
Medical Dispute Resolution Officer
Medical Review Division

PR/pr

6/25/2004

David Martinez
TWCC Medical Dispute Resolution
7551 Metro Center Suite 100
Austin, TX 78744

Patient:
TWCC #:
MDR Tracking #: M5-04-2585-01
IRO #: 5284

Specialty IRO 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 Specialty IRO for independent review in accordance with TWCC Rule 133.308, which allows for medical dispute resolution by an IRO.

Specialty 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.

This case was reviewed by a licensed Chiropractor. The Specialty IRO 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 Specialty IRO 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 ___ as a result of falling down the steps of a train while working for ___. She was seen at ___ on the date of injury. She reported injuries to the cervical, thoracic and lumbar spinal regions, right wrist, right ankle, right knee and right hip/thigh. She was diagnosed with a sprain/strain of the above-listed areas. Radiographs demonstrated normal findings. MRI's were ordered on 4/8/03 and were within normal limits in the lumbar spine and right knee. The right wrist scan indicated a contusion to the proximal scaphoid. ___ was treated with one week of passive therapies followed by one week of active therapies and an FCE. The FCE indicated the ability to perform on a moderate duty capacity while her job is listed as light duty capacity. A work hardening program was initiated. A second FCE was performed eight visits into work hardening followed by a third FCE five visits later.

DISPUTED SERVICES

The disputed services include a work hardening program 97545/6-WH, 97750-FC functional capacity examination and treating doctor exam 99455-L1-WP as denied by the carrier with V and U codes from dates of service 4/28/03 – 6/10/03.

DECISION

The reviewer disagrees with the previous adverse determination for the following services: The initial FCE 97750-FC of 4/29/03 and the impairment examination of 6/10/03 (99455).

The reviewer agrees with the previous adverse determination regarding all other services under dispute.

BASIS FOR THE DECISION

The reviewer indicates the patient was treated for two weeks prior to being determined a candidate for a work hardening program. The reviewer states work hardening is a tertiary program to be utilized when other conservative measures have failed to meet the standards of an employee returning to work. This injury is still an acute/subacute process after only three weeks post injury. The submitted documentation of outcomes from a February 1995 conference by the ACA Council on Chiropractic Physiological Therapeutics and Rehabilitation which indicate specifically that work hardening is a Chronic-stage four activity that is performed greater than 12 weeks post injury and that a lower level of care would have been more appropriate at this stage. Lastly, the reviewer indicates that the initial FCE on 4/29/03 indicated the patient was able to perform at a greater level (PDL) than was required for her job. It is unreasonable to provide an intensity of service greater than is required to treat a chronic condition when an acute condition is present. Therefore, work hardening is not justified in this case.

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

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

Sincerely,