

MDR Tracking Number: M5-04-2984-01

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 05-11-04.

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 psychiatric diagnostic interview, psychiatric evaluation and one-hour additional work hardening 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 from 08-25-03 to 09-04-03 is denied and the Medical Review Division declines to issue an Order in this dispute.

This Findings and Decision is hereby issued this 2nd day of August 2004.

Debra L. Hewitt
Medical Dispute Resolution Officer
Medical Review Division
DLH/dlh

July 30, 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 Board Certified in Physical Medicine and Rehabilitation, and in Pain Management 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 provided by Treating Doctor: evaluations, office notes, physical therapy notes, FCE and radiology report.

Information provided by Respondent: correspondence and designated doctor exam.

Clinical History:

The patient is a female who sustained a low back injury at work on _____. The right hip and leg were involved at the onset, but subsequently resolved. She underwent extensive physical therapy and work hardening without subsequent improvement.

The patient had a "physical performance test" on 7/30/03. On the first page of that report, she is noted to have demonstrated significantly inconsistent efforts on a number of tests. Six of 15 objective tests showed inconsistent effort, and 37% of 8 criteria observed by the evaluator of the functional capacity evaluation were inconsistent with valid effort. Maximum voluntary effort with the grip test and rapid exchange grip test revealed "unknown effort".

On 12/15/03, the patient was given a functional capacity evaluation and examination. Multiple inconsistencies of efforts invalidated the report. Additionally, on this date, examination showed all but one Waddell sign positive.

On 8/21/03, the summary of her physical capacity reflected that she was only able to sit for 10 minutes, stand for 5 minutes, walk for 7 minutes, and was only able to occasionally lift 5 pounds with floor to waist, waist to shoulder, and overhead lifting

Disputed Services:

Psychiatric diagnostic interview and evaluation, and one hour additional work hardening during the period of 08/25/03 thru 09/04/03

Decision:

The reviewer agrees with the determination of the insurance carrier and is of the opinion that the interview/evaluation and one additional hour of work hardening in dispute as stated above were not medically necessary in this case.

Rationale:

This patient had a "physical performance test" on 7/30/03. Overall validity or level of effort was explained in a paragraph; however, this was not followed with any grading of the patient's effort, which is an interesting omission given the conclusion of this report.

The invalidated report of the FCE on 12/15/03, as well as showing all but one Waddell sign positive, indicates a sub-optimal progression in the patient's functional improvement during the course to that date of work hardening.

Based on all of the above information, it is clear that the psychiatric evaluation and an additional hour of work hardening during the time from 08/25/03 through 09/04/03 was not medically necessary.

Sincerely,