

MDR Tracking Number: M5-04-2996-01

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 May 11, 2004.

In accordance with Rule 133.307 (d), requests for medical dispute resolution are considered timely if it is filed with the division no later than one (1) year after the date(s) of service in dispute. The Commission received the medical dispute resolution request on 05/11/03, therefore the following date(s) of service are not timely: 05/06/03 through 05/09/03.

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 (97545 & 97546) and Functional Capacity Evaluation (97750) 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 05-12-03 to 06-13-03 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 3rd day of September 2004.

Patricia Rodriguez
Medical Dispute Resolution Officer
Medical Review Division

PR/pr

August 18, 2004

David Martinez
TWCC Medical Dispute Resolution
4000 IH 35 South, MS 48
Austin, TX 78704

Patient:
TWCC #:
MDR Tracking #: M5-04-2996-01
IRO #: 5251

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

Ziroc 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 Ziroc 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 Ziroc for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

DOCUMENTS REVIEWED

Documents Reviewed Included the Following: Work hardening treatment notes, 05/28/03 letter from Flahive, Ogden & Latson, FCE dated 04/28/03, FCE dated 05/21/03, carrier review, insurance claim forms, 02/20/04 letter of medical necessity and 05/05/04 requestor's position letter.

CLINICAL HISTORY

Brief Clinical History: The claimant underwent X-rays, an MRI, extensive physical medicine treatments, left knee arthroscopy and work hardening after injuring his left knee and left wrist in a fall at work on ____.

DISPUTED SERVICES

Under dispute is the medical necessity of work hardening and FCE provided from 05/12/03 thorough 06/13/03.

DECISION

The reviewer agrees with the prior adverse determination.

BASIS FOR THE DECISION

Although extensive work hardening records were submitted, no medical records were submitted that would in any way document the medical necessity of the multidisciplinary work hardening program or the FCE in question. In fact, no prior treatment records or a psychological evaluation were furnished. Therefore, there is no documentation that would in any way support the medical necessity of the multidisciplinary work hardening program that was performed.

Moreover, a review of the work hardening notes and the two FCE's indicate that the treatment was ineffective. The patient's PM pain rating was 4/10 on 05/12/03 and 5/10 on 05/13/03 at the initiation of work hardening but those ratings had increased to 7/10 on each of the four visits from 06/03/03 through 06/10/03. By the same token, the patient's left wrist flexion and left radial deviation ranges of motion actually decreased between the FCE performed on 04/28/03 and the FCE performed on 05/21/03.

This documented lack of response could have been predicted based on the current medical literature that states, "...there is no strong evidence for the effectiveness of supervised training as compared to home exercises. There is also no strong evidence for the effectiveness of multidisciplinary rehabilitation as compared to usual care."¹ Current medical literature further states "...that there appears to be little scientific evidence for the effectiveness of multidisciplinary biopsychosocial rehabilitation compared with other rehabilitation facilities..."² And a systematic review of the literature for a multidisciplinary approach to chronic pain found only 2 controlled trials of approximately 100 patients with no difference found at 12-month and 24-month follow-up when multidisciplinary team approach was compared with traditional care.³ Based on those studies and combined with the fact that similar therapeutic modalities had already been attempted and failed, the work hardening program was medically unnecessary.

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

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

Ziroc is forwarding this finding by US Postal Service to the TWCC.

Sincerely,

¹ Ostelo RW, de Vet HC, Waddell G, Kerchhoffs MR, Leffers P, van Tulder M, Rehabilitation following first-time lumbar disc surgery: a systematic review within the framework of the cochrane collaboration. Spine. 2003 Feb 1;28(3):209-18.

² Karjalainen K, Malmivaara A, van Tulder M, Roine R, Jauhiainen M, Hurri H, Koes B. Multidisciplinary biopsychosocial rehabilitation for neck and shoulder pain among working age adults. Cochrane Database Syst Rev. 2003;(2):CD002194.

³ Karjalainen K, et al. Multidisciplinary rehabilitation for fibromyalgia and musculoskeletal pain in working age adults. Cochrane Database of Systematic Reviews 2000;2.