

MDR Tracking Number: M5-04-3476-01

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 6-10-04.

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 program and the functional capacity evaluation from 8-6-04 through 9-25-03 were not medically necessary.

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 8-6-04 through 9-25-03 are denied and the Medical Review Division declines to issue an Order in this dispute.

This Decision is hereby issued this 27th day of August 2004.

Donna Auby
Medical Dispute Resolution Officer
Medical Review Division

DA/da

MEDICAL REVIEW OF TEXAS

[IRO #5259]

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NOTICE OF INDEPENDENT REVIEW DETERMINATION

REVISED 8/23/04

TWCC Case Number:	
MDR Tracking Number:	M5-04-3476-01
Name of Patient:	
Name of URA/Payer:	
Name of Provider: (ER, Hospital, or Other Facility)	
Name of Physician: (Treating or Requesting)	

August 17, 2004

An independent review of the above-referenced case has been completed by a chiropractic doctor. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by Texas Medical Foundation, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

Medical Review of Texas (MRT) hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to MRT.

Sincerely,

CLINICAL HISTORY

To conduct this review, the following documents were considered:

1. Notification of IRO Assignment, Table of Disputed Services, HCFA claim forms and Carrier's Explanation of Benefits (EOBs)
2. MDR Request from Dr. I, D.C., dated 08/02/04
3. Letter of Medical Necessity from Dr. I, D.C., dated 12/05/03
4. Initial Exam by the treating doctor dated 07/9/03, general intake paperwork from Accident and Injury Centers, and Daily Treatment Notes from 07/11/03 through 08/05/03
5. Employee's Notice of Injury date ____

6. Nerve Conduction Studies performed at Metroplex Diagnostics on 07/15/03 and interpreted by Dr. K, D.C., DACNB
7. X-ray report of the right wrist dated 07/16/03 at Lone Star Radiology, read by Dr. U, D.C., D.A.C.B.R.
8. Intake medical report from Dr. E, D.O., dated 07/18/03
9. MRI of right wrist from Open Air MRI Center date 09/17/03
10. Various completed TWCC-73 Work Status Reports
11. Psychological notes by Dr. W, Psy.D. (multiple dates) and Dr. B, Ph.D. & Associates dated 08/06/03
12. Required Medical Examination from Dr. L, M.D., dated 10/24/03
13. Chiropractic Peer Review by Dr. O, D.C., 08/16/03
14. Job Description provided by her ____, R.N., Medical Case Manager for Carrier
15. General intake paperwork from Rehab 2112
16. Case Management Summaries, Daily WC/WH Notes, Weekly Exercise Activity Sheets and computer-generated exercise logs from Rehab 2112
17. Impairment Rating Evaluation by Dr. Bt, D.C., dated 11/05/03
18. Functional Capacity Evaluations for dates of service 08/05/03, 09/04/03 and 09/25/03

Patient is a 30-year-old female claims processor for ____ for four years when on ____, she began experiencing a burning sensation in her right arm, hand and fingers, and tingling in her fingers. Her right arm also reportedly swelled. She presented herself that day to a doctor of chiropractic and began chiropractic care, physical therapy, rehabilitation and eventually work hardening. She returned to work without restrictions on 09/30/03 and assessed at 0% whole-person impairment on 11/05/03 by a referral doctor.

REQUESTED SERVICE(S)

Work hardening, initial (97545), work hardening, each additional hour (97546), and functional capacity evaluation (97750-FC) for dates of service 08/06/03 through 09/25/03.

DECISION

Denied.

RATIONALE/BASIS FOR DECISION

Upon review of the patient's Job Description provided by the Case Manager, it is determined that the Physical Demand Level of her position fits into the "sedentary" category. According to the initial functional capacity evaluation, this patient performed at a "light" level before even entering the work hardening program. Therefore, rehabilitating this injured worker to a level in excess of what her specific job required was not medically necessary.

In addition, therapeutic exercises may be performed in a clinic one-on-one, in a clinic in a group, at a gym or at home with the least costly of these options being a home program. A home exercise program is also preferable because the patient can perform them on a daily basis. In this case, the provider failed to establish why it was medically necessary to continue with a treatment plan that required one-on-one provider supervision, and particularly not one that utilizes such an in-depth, intensive program like work hardening. Furthermore, even if continued active therapy had been medically necessary, it would not have been needed for the duration demonstrated in this case. Any gains that were obtained during this time period would likely have been equally achieved through the performance of a home program.

It is also difficult to understand why the treating doctor suddenly shifted the patient from therapeutic procedures (that had not yet provided documented benefit) to a much more aggressive work hardening program a mere 24 days from the initiation of passive and active treatment. Since the injured soft tissue would not have had sufficient time (6-8 weeks) to repair/regenerate in that limited time frame, and since the records fail to document that the inflammation had abated enough to enter such a rigorous program, the more intensive work hardening regimen that began on 08/06/03 was neither indicated nor medically necessary.