

MDR Tracking Number: M5-04-3614-01

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 June 24, 2004.

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 program was not medically necessary. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

The requestor submitted an updated table reflecting dates of service 2/26/04 and 4/8/04 no longer on the table of disputed services. Therefore the dates of service addressed in this Decision will include the dates of service noted by the requestor on the updated table.

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. As the work hardening program was not found to be medically necessary, reimbursement for dates of service from 12/29/03 through 2/6/04 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 8<sup>th</sup> day of October 2004.

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Medical Dispute Resolution Officer  
Medical Review Division  
MQO/mqo

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**NOTICE OF INDEPENDENT REVIEW DECISION**

August 23, 2004

**Re: IRO Case # M5-04-3614** amended 9/30/04

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
2. Explanation of benefits
3. Provider response to peer review 6/14/03
4. Radiology report of right hand 7/1/03
5. NCV report 7/18/03
6. MRI report right wrist 8/5/03
7. TWCC 69 reports
8. Designated doctor report 1/23/04
9. Reports 11/5/03, 10/8/03
10. Report 10/23/03
11. TWCC work status reports
12. Progress notes
13. PT/OT notes from health center

14. PT notes from rehabilitation center
15. Letter to IRO 8/3/04
16. Work hardening progress notes
17. FCE reports
18. Reports 1/22/04, 12/18/03

#### History

The patient injured her right hand in \_\_\_ when a metal paper towel dispenser fell on her hand. She received x-rays at a hospital and was diagnosed with a contusion injury. She was referred for physical therapy and medication. She eventually changed her treating doctor to receive chiropractic treatment.

#### Requested Service(s)

Work hard initial, work hardening each add hour, office visits 12/29/03 – 2/6/04

#### Decision

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

#### Rationale

The patient had an extensive course of physical therapy prior to the dates in dispute, without relief of symptoms or improved function. She was placed at MMI on 11/5/03, several weeks before the period of this dispute.

The patient was evaluated by several medical doctors, and all appear from the records provided for this review to have determined that the injury was only a contusion. It was reported on 1/23/04, approximately one month into the work hardening program, that after the MMI date was established the patient did not have "any meaningful response in the sense that it [the treatment and work hardening program] has not altered the presentation." It was also noted that the patient "has numerous Waddell's signs." The 1/23/04 report also diagnosed the patient with a contusion injury.

Another physician also diagnosed the patient with a wrist contusion on 10/23/03, and found no objective evidence of nerve injury or distal neuropathy.

The patient's subjective complaints that are documented in the records do not match up with several of the M.D.'s clinical findings or the negative MRI, x-ray and NCV findings. Symptom magnification is a possibility.

Given the limited response to six months of supervised therapy, a work hardening program was not medically indicated. The need for such a program is usually based on good response to past treatment, with goals to return to work. Previous therapy in this case failed.

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