

MDR Tracking Number: M5-04-3896-01

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 7-9-04.

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, initial 2 hours, and work hardening, each additional hour for dates of service 2-9-04 through 2-26-04 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 2-9-04 through 2-26-04 are denied and the Medical Review Division declines to issue an Order in this dispute.

This Decision is hereby issued this 27<sup>th</sup> day of August 2004.

Donna Auby  
Medical Dispute Resolution Officer  
Medical Review Division  
DA/da

## **MEDICAL REVIEW OF TEXAS**

[IRO #5259]

**3402 Vanshire Drive**

**Austin, Texas 78738**

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### **NOTICE OF INDEPENDENT REVIEW DETERMINATION**

TWCC Case Number:	
MDR Tracking Number:	M5-04-3896-01
Name of Patient:	
Name of URA/Payer:	
Name of Provider: (ER, Hospital, or Other Facility)	
Name of Physician: (Treating or Requesting)	

August 24, 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

Documents Reviewed Included the Following:

1. Notification of IRO Assignment, Table of Disputed Services and EOBs from AccMed.
2. Statement of position from Requestor, copy of written pre-approval from Intracorp for work hardening for 5x/week for 3 weeks.
3. Initial Return to Work/School slips from first treating doctor, Dr. W, D.O., P.A. dated 11/22/02 and 11/29/02
4. Daily treatment/rehabilitation notes, and exercise sheets from All Injury Rehab
5. NCV/EMG from Diagnostic Institute of Texas dated 01/30/04.
6. Work hardening exercise charts, daily notes, Weekly Work Simulation Activity Sheets and Weekly Progress Notes from All Injury Rehab.

7. Peer reviews from Intracorp dated 01/24/03, 02/24/03, 07/13/03, 10/21/03 and 05/13/04
8. Report of Medical Consultation submitted by Dr. G, M.D., dated 12/09/02
9. Consultation with NCV/EMG and report from Dr. N, M.D., dated 01/10/03
10. Operative report and office visit reports from Dr. D, M.D., hand surgeon from 06/26/03 through 09/02/03
11. Physical Performance Evaluation dated 09/16/03, PDC Functional Testing dated 01/28/04, and GMI Functional testing dated 02/23/04
12. Work Status Reports (TWCC-73), multiple
13. Office visit reports from Dr. B, M.D., Anesthesiologist in Pain Control from 05/06/03 through 11/25/03
14. Initial Behavioral Medical Evaluation dated 04/17/03 and Behavioral Medical Service Reports weekly from 05/20/03 through 02/03/04
15. Copies of pictorial/graphic home exercises for the hand and wrist
16. Designated Doctor report from Dr. Z, D.C., dated 04/07/03, and from Dr. A, M.D., dated 11/17/03 and 03/24/04
17. Right hand MRI report from Preferred Open MRI, dated 02/14/03
18. Right wrist MRI report from Preferred Open MRI, dated 02/18/03
19. Functional Capacity Evaluation dated 02/12/03, 04/17/03 and one dated 11/11/02 (before the date of injury, so presumed typo)
20. Patient Profile Sheet from Orthopedic Specialists dated 06/26/03
21. Independent Medical Evaluation from Dr. O, M.D., dated 01/21/04 and an addendum report from same dated 02/06/04
22. Office note from Dr. P, M.D., dated 02/12/04
23. Biofeedback Session Reports from \_\_\_\_, M.Ed., LPC 02/24/04 and 03/02/04
24. Physical Therapy Daily Notes from Action Physical Therapy from dates of service 11/19/03 through 02/05/04 (same address as All Injury Rehab)

Patient is a 40-year-old male distribution worker for \_\_\_\_\_ who performs "coding and loading," a task that uses a machine that requires repetitive gripping against resistance. Reportedly, on \_\_\_\_\_, the patient began experiencing pain in the volar aspect of his right hand and wrist with radiating pain down into his 3<sup>rd</sup> finger with associated numbness in both the 3<sup>rd</sup> and 4<sup>th</sup> fingers of his right hand. He was originally seen by his primary doctor, but then changed to a doctor of chiropractic and received extensive chiropractic and physical therapy. When these measures failed, he underwent open carpal tunnel release of the right hand on 08/21/03, followed by additional chiropractic, physical therapy, behavioral counseling, and occupational therapy. In February of 2004, he began a work hardening program. He was eventually declared at MMI by a designated doctor on 03/24/04 with an 8% whole person impairment.

#### REQUESTED SERVICE(S)

Work hardening, initial 2 hours (97545-WH) and work hardening, each additional hour (97546-WH) for dates of service 02/09/04 through 02/26/04.

#### DECISION

Denied.

#### RATIONALE/BASIS FOR DECISION

According to the documentation submitted in this case, a correspondence from Intracorp dated 02/09/04 stated that "after a discussion between the medical provider or his/her designee and Intracorp's Physician Advisor, the following health care was negotiated and agreed upon by both parties....verbal negotiated approval given to Art/All Injury Rehab and Sports Therapy for [work hardening] 5x week x 3 weeks only per physician advisor." It is thus understandable why the provider in this case is seeking resolution of the matter with an IRO request. However, that is a reimbursement issue rather than one of medical necessity.

The medical records in this case reveal that this patient had been receiving extensive therapeutic exercise, occupational therapy and behavioral counseling – a multi-disciplinary regimen by itself – and performing considerable home exercises and stretches long before the formal work hardening commenced on 02/09/04. Yet, the patient continued to be symptomatic – rating his pain at a 7/10, with "10" representing the worst pain imaginable – and he even maintained these symptomatic levels

through the work hardening program itself. Furthermore, throughout the program, he continued to be off work. Therefore, the care failed to meet the statutory requirements of Texas Labor Code 408.021 in that it failed to relieve his symptoms, promote his recovery, or return him to work.

The current medical literature 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."<sup>1</sup> The literature further states "...that there appears to be little scientific evidence for the effectiveness of multidisciplinary biopsychosocial rehabilitation compared with other rehabilitation facilities..."<sup>2</sup> 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.<sup>3</sup> Based on those studies, and absent any documentation that the proposed work hardening was beneficial, it was medically unnecessary.

And finally, the previously attempted therapies, physical conditioning, psychological and biofeedback sessions had within them the self-help strategies, coping mechanisms, exercises and modalities that were inherent in, and central to, the proposed work hardening program. In other words and for all practical purposes, much of the proposed program had already been attempted and failed. Therefore, since the patient was not likely to have benefited in any meaningful way from repeating unsuccessful treatments, the program was medically unnecessary.

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<sup>1</sup> 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.

<sup>2</sup> 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.

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