

THIS DECISION HAS BEEN APPEALED. THE FOLLOWING  
IS THE RELATED SOAH DECISION NUMBER: 453-05-3059.M5

MDR Tracking Number: M5-05-0079-01

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 8-31-04.

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 work hardening and work hardening (each additional hour) from 3-30-04 through 4-30-04 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 are denied and the Medical Review Division declines to issue an Order in this dispute.

This Decision is hereby issued this 19<sup>th</sup> day of November, 2004.

Medical Dispute Resolution Officer  
Medical Review Division

DA/da

Enclosure: IRO decision

## NOTICE OF INDEPENDENT REVIEW DECISION

November 11, 2004

Program Administrator  
Medical Review Division  
Texas Workers Compensation Commission  
7551 Metro Center Drive, Suite 100, MS 48  
Austin, TX 78744-1609

RE: Injured Worker: \_\_\_\_\_  
MDR Tracking #: M5-05-0079-01  
IRO Certificate #: IRO4326

The Texas Medical Foundation (TMF) has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to TMF for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

TMF has performed an independent review of the rendered care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a matched peer with the treating health care professional. This case was reviewed by a health care professional licensed in Chiropractic Medicine. TMF's health care professional has signed a certification statement stating 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 the referral to TMF for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

### Clinical History

This 28 year-old male injured his back, neck and head on \_\_\_ when he slipped and fell while moving a box from a shelving unit in a walk-in refrigerator unit. To break his fall he grabbed the shelving unit, it then fell on him along with all the boxes stored on it. He did lose consciousness and was brought to the hospital via ambulance. He has been treated with medications and therapy.

### Requested Service(s)

Work hardening (initial) – 97545, work hardening (each additional hour) - 97546

## **Decision**

It is determined that there is no medical necessity for the work hardening (initial) and work hardening (each additional hour) to treat this patient's medical condition.

## **Rationale/Basis for Decision**

Medical record documentation does not indicate any treatment immediately preceding the work hardening program or that any chiropractic spinal adjustments were performed on this patient. According to the AHCPR<sup>1</sup> guidelines, spinal manipulation was the only recommended treatment that could relieve symptoms, increase function and hasten recovery for adults suffering from acute low back pain.

Additionally, rehabilitative exercise 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, there is no evidence to support the need for monitored therapy. Services that do not require "hands-on care" or supervision of a health care provider are not considered medically necessary services. On the most basic level, the provider has failed to establish why these services were not utilized prior to performing an extensive work hardening program. Therefore, the work hardening program (initial) and work hardening (each additional hour) were not medically necessary for the treatment of the patient's medical condition.

Sincerely,

Gordon B. Strom, Jr., MD  
Director of Medical Assessment

GBS:dm  
Attachment

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<sup>1</sup> Bigos S., Bowyer O., Braen G., et al. Acute Low Back Problems in Adults. Clinical Practice Guideline No. 14. AHCPR Publication No. 05-0642. Rockville, MD: Agency for Health Care Policy and Research, Public Health Service, U.S. Department of Health and Human Services. December, 1994.