

MDR Tracking Number: M5-05-0105-01

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 09-03-04.

Per instructions from the requestor dated 9/27/04, the table of disputed services was corrected to reflect six (6) hours of work hardening for date of service 9/9/03.

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 rendered from 9/04/03 through 10/8/03 was 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 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, the request for reimbursement for dates of service 9/04/03 through 10/8/03 is denied and the Medical Review Division declines to issue an Order in this dispute.

This Findings and Decision is hereby issued this 19th day of October 2004.

Regina L. Cleave
Medical Dispute Resolution Officer
Medical Review Division

RLC/rlc

October 13, 2004

Texas Workers' Compensation Commission
Medical Dispute Resolution
Fax: (512) 804-4868

Re: Medical Dispute Resolution
MDR #: M5-05-0105-01
TWCC#:
Injured Employee:
DOI:
SS#:
IRO Certificate No.: 5055

Dear

___ has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, ___ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

I am the Secretary and General Counsel of ___ and I certify that the reviewing healthcare professional in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

Information and medical records pertinent to this medical dispute were requested from the Requestor and every named provider of care, as well as from the Respondent. The independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a physician who is Board Certified in Pain Management and is currently on the TWCC Approved Doctor List.

REVIEWER'S REPORT

Information Provided for Review:

TWCC-60, Table of Disputed Services, EOB's
Information provided by Requestor:

- Letter of medical necessity 09/24/04
- Work hardening screening 08/25/03
- Physical therapy notes 09/04/03 – 10/08/03

Clinical History:

This claimant was injured on ____. The records provided for review do not include a description of the actual injury mechanism. It appears that the claimant underwent surgery of the left wrist to repair a tear in the triangular fibrocartilage-triquetral lunate ligament as well as to treat lateral epicondylitis. No medical information is provided, however, regarding the specifics of that surgery, nor of the specifics regarding the pathology, if any, caused by the injury.

It appears that the surgeon referred the claimant on 7/29/03 for a work-hardening program. On 8/25/03, an initial diagnostic screening was performed by a licensed professional counselor intern. In that evaluation, the intern provided a listing of the claimant's subjective complaints, but no documentation of objective psychologic testing. The intern documented numerous physical psychologic and psychosocial symptoms, including nausea, shortness of breath, hot/cold spells, numbness and tingling in various

parts of the body, weakness in various parts of the body, heaviness in various parts of the body, easy irritation, decreased energy, easy crying, bad dreams, feeling blue, self-blame, excessive worrying, lack of interest, nervousness, shakiness, fear and worry, heart pounding and racing, tension, difficulty making decisions, blankness of the mind, difficulty concentrating, lack of respect, and feelings of vulnerability. These subjective symptoms were deemed to show "some evidence of depression, anxiety, agitation/anger". Multiple diagnoses were then listed by this intern including significant mental stress, agitation, anxiety, depression, sleep disturbance, mental confusion, disruptive thought processes, somatization, inconsistency between objective medical findings and symptoms, and decreased global assessment of functioning. A recommendation was made for 8 weekly sessions of individual psychotherapy, as well as a recommendation for a work-hardening program.

Based on the records provided for review, the claimant was not at any time evaluated by a psychologist or by objective psychologic testing. The claimant began a work-hardening program on 09/04/03 with a documented pain level of 6/10. This work-hardening program continued through 10/08/03, at which time the claimant's pain level was documented as 5/10. From most of the daily progress notes, the claimant's pain level remained at a level 6/10. For 4 out of 5 days from the week from 09/11/03 through 09/17/03, the claimant was non-compliant with attendance to the work-hardening program due to a urinary tract infection and/or headache. On 09/18/03, the progress note indicated that the claimant's next week would be the 6th week of work-hardening, and that "she will need to show significant progress to continue the program". During the subsequent week of work-hardening beginning on 09/22/03, the claimant's pain level is again continually documented at a level of 5/10. Work hardening, however, continued for an additional 2 weeks beyond that through 10/08/03, after which time the claimant's pain level was listed as 5/10 and was said to be both "improving" and "unchanged".

Disputed Services:

Work hardening program during the period of 09/04/03 thru 10/08/03.

Decision:

The reviewer agrees with the determination of the insurance carrier and is of the opinion that the work hardening program from 09/04/03 thru 10/08/03 was not medically necessary in this case.

Rationale:

The initial intake evaluation, done by a psychology intern, did not demonstrate sufficient evidence of psychologic problems, nor manifestations of a psychological illness, to require a work-hardening program. Moreover, the initial evaluation was neither performed by, nor reviewed by, anyone other than the licensed professional counselor intern. Additionally, no formal psychological testing was done to substantiate the multiple alleged diagnoses, which in essence were derived solely from the claimant's subjective complaints and reports. The evaluation for the work-hardening program did not indicate specifically what treatment the claimant had undergone prior to the request for the work-hardening program, only listing a non-specific generic history of treatments and interventions, and not listing any date of surgery or postoperative rehabilitation following surgery.

Based upon the screening evaluation documented, there is no medical reason or necessity for this claimant to have undergone a work-hardening program. A work-conditioning program, along with several sessions of individual counseling, would have been all that was medically reasonable and necessary for treatment of the claimant's clinical condition at the time.

Finally, it is readily apparent that the claimant's pain level did not significantly improve during the 6 week's time she spent in the work-hardening program, as her pain level decreased from a level of 6/10 only to a level of 5/10. Therefore, there was no demonstrated necessity for a work-hardening program based on this claimant's clinical condition.

Sincerely,