

MDR Tracking Number: M5-05-1915-01

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, 133.307 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. This dispute was received on 03-10-05.

The IRO reviewed medical necessity of work hardening program, physical performance test and support (elbow brace) rendered from 03-17-04 through 05-03-04 that were denied based upon "V".

The IRO determined that work hardening between 03-15-04 and 04-14-04 and the functional capacity evaluations **were** medically necessary. The IRO further determined that the elbow brace and work hardening after 04-14-04 **were not** medically necessary. The amount of reimbursement due for the medical necessity issues equals **\$7,069.30**.

The Medical Review Division has reviewed the IRO decision and determined that the **requestor prevailed** on the **majority** of issues of medical necessity. Therefore, upon receipt of this Order and in accordance with §133.308(r)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$460.00** for the paid IRO fee. For the purposes of determining compliance with the order, the Commission will add 20 days to the date the order was deemed received as outlined on page one of this order.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

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. The work hardening between 03-15-04 and 04-14-04 and the functional capacity evaluations were found to be medically necessary. The elbow brace and work hardening after 04-14-04 were found not to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed services.

This Findings and Decision is hereby issued this 21st day of April 2005.

Medical Dispute Resolution Officer
Medical Review Division

ORDER

Pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay for the unpaid medical fees for dates of service 03-17-04 through 04-14-04 totaling \$7,069.30 in accordance with the Medicare program reimbursement methodologies effective August 1, 2003 per Commission Rule 134.202(c), plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order.

This Order is hereby issued this 21st day of April 2005.

Medical Necessity Team Manager
Medical Dispute Resolution
Medical Review Division

Enclosure: IRO Decision

MEDICAL REVIEW OF TEXAS

[IRO #5259]

3402 Vanshire Drive

Austin, Texas 78738

Phone: 512-402-1400

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NOTICE OF INDEPENDENT REVIEW DETERMINATION

TWCC Case Number:	
MDR Tracking Number:	M5-05-1915-01
Name of Patient:	
Name of URA/Payer:	Main Rehab & Diagnostic
Name of Provider: (ER, Hospital, or Other Facility)	Main Rehab & Diagnostic
Name of Physician: (Treating or Requesting)	Robert Bedford, DC

April 15, 2005

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,

Michael S. Lifshen, MD
Medical Director

cc: Texas Workers Compensation Commission

CLINICAL HISTORY

Available documentation received and included for review consists of work hardening records from Main Rehab and Diagnostic (Dr. Bedford - DC) including sequential FCE's. A peer report from Dr. Filmore (PM&R) is included.

Record review reveals the following:

Ms. _____, a 46-year-old female, injured her neck, wrists, neck and left shoulder after she tripped over a pallet and fell forward onto her outstretched hands and knees. She initially presented to Concentra, where she was x-rayed, examined and assessed with wrist and knee contusions. She was prescribed medication, given an Ace wrap and told to follow up with Dr. Haenke (DO). Impression again was contusion and strains to both knees and wrists. She then followed up with Dr. Robert Bedford, a chiropractor on 1/8/04. Diagnosis was acromioclavicular joint ligament sprain, shoulder tenosynovitis / bursitis, segmental dysfunction, cervical sprain/strain, muscle spasm and paresthesia. She was taken off work and remained off work for the next four months.

She underwent conservative care régime and then entered a work hardening program on 3/15/04 following completion of a FCE. She attended 26 sessions of work hardening between 3/15/04-5/3/04.

The patient's job had been identified to fall within the medium physical demand level category. FCE conducted on 3/15/04 identified a low sedentary physical demand capability.

Psychological assessment performed by a LPC identified some depression and anxiety disturbances, along with an abnormal GAF scale.

Updated FCE on 4/6/04 showed improvement in physical demand capability, although the patient still remained in the sedentary level. Improvements were noted in static strength, repetitive lifting ability, push/pull. Further assessment outcomes beyond this date are not available.

REQUESTED SERVICE(S)

Medical necessity of work hardening program, 97545-WHCA, 97546-WHCA, 97750 physical performance test, L3700 support (elbow brace).

DECISION

There is establishment of medical necessity for work hardening between 3/15/04-4/14/04 only.

There is establishment of medical necessity for the functional capacity evaluations, 97750.

There is no supporting evidence for medical necessity available for the elbow brace (L3700).

RATIONALE/BASIS FOR DECISION

The patient had undergone extensive conservative care measures. She remained off work for longer than four months. She remained with some functional and strength deficits that precluded a return to work. Volitional effort had been questioned in a functional capacity environment, along with anxiety and depressive disturbances identify with self reporting measures. These issues combined to be barriers to recovery unless addressed. Considering the length of time since her injury and the degrees of intervention, a more intensive multidisciplinary approach would appear to be viable in this case.

Work hardening involves a multidisciplinary approach and is reserved typically for outliers of the normal patient population, i.e. poor responders to conventional treatment intervention, with significant psychosocial issues and extensive absence from work⁽³⁾.

The standard of medical necessity in Workers Comp, according to the Texas labor code 408.021 (entitlement to medical benefits) is that an employee who sustained a compensable injury is entitled to all healthcare reasonably required by the nature of the injury as and when needed. The employee is specifically entitled to healthcare that: (1) cures or relieves the effects naturally resulting from the compensable injury; (2) promotes recovery; or (3) enhances the ability of the employee to return to or retain employment.

The patient entered the work hardening program and demonstrated improvement between the two function capacity evaluations. Unfortunately, beyond that date there are no outcome assessment measures available. The documentation appeared to be of a computerized "canned" variety, with little objective information available allowing determination of progress with this individual. Additionally the activity and treatment notes throughout this timeframe showed little progress.

As such, medical necessity was not established for longer than one month of work hardening, and it appears that it would have been appropriate to discharge the patient as having reached maximum benefit with work hardening after 4/14/04.

Regarding the prescription of an elbow brace, unfortunately there is no documentation supporting either the rationale or necessity for supplying it to the patient. All that is referenced in the records is a statement that the patient was provided with an elbow brace. Without further information, a determination for medical necessity is not established.

References:

- 1/ CARF Manual for Accrediting Work Hardening Programs
- 2/ AMA Guides to the Evaluation of Physical Impairment, 4th Edition

The above analysis is based solely upon the medical records/tests submitted. It is assumed that the material provided is correct and complete in nature. If more information becomes available at a later date, an additional report may be requested. Such and may or may not change the opinions rendered in this evaluation.

Opinions are based upon a reasonable degree of medical/chiropractic probability and are totally independent of the requesting client.