

NOTICE OF INDEPENDENT REVIEW DECISION

Date: May 27, 2003

RE: MDR Tracking #: M2-03-0730-01

IRO Certificate #: 5242

___ 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 ___ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the proposed 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 an Orthopedic Surgeon physician reviewer who is board certified in Orthopedic Surgeon. The Orthopedic Surgeon physician reviewer 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 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

Claimant sustained a sprain of the lower back reportedly following a work related incident on ___. Following a period of conservative treatment, claimant reached maximum medical improvement on 08/12/02 with a 5% rating. Functional capacity evaluation performed on 10/10/02 indicates claimant at that time was capable of performing light duty activities.

Requested Service(s)

Work hardening.

Decision

I agree with the insurance carrier that work hardening is not medically necessary.

Rationale/Basis for Decision

In order to justify the medical necessity of a work hardening program, there should be documentation of failure to respond to an aggressive home exercise program and documentation of psychological factors affecting the work injury that need to be addressed as part of the rehabilitation process. According to the functional capacity exam, dated 10/10/02, the claimant had been working in light duty for the previous 6 months, and had return of pain with an attempt to transition to full duty. She is 66" tall and weighs 206#. There is no documentation that, along with her job restrictions, she had been actively performing a home exercise program. I could find no office notes documenting any psychological factors that would justify work hardening, rather than work conditioning. The doctor's documentation, in his office note, dated 2/14/03, that the psychological component will help with relaxation techniques and coping skills is an insufficient justification for the medical necessity of the daily group therapy sessions of a work hardening program.

In the doctor's letter of medical necessity, dated 1/24/03, he states, as one of the reasons for the work hardening program, her decreased metabolic capacity level.

This can be addressed via an outpatient-walking program, that not only will help to increase metabolic capacity, but hopefully in weight loss. There is no support that decreased strength and limitations of motion require formal supervised physical therapy in a work hardening program, in the absence of failure of an aggressive home exercise program. And, the doctor even specifically states that, "The client does not have the psychological diagnosis, chemical dependency, or symptom magnification that interferes with progress towards a goal.

The claimant doesn't have the psychological problems that necessitate a work hardening program, as opposed to a work conditioning program. Furthermore, there is no clearly documented clinical rationale to indicate why a well structured home exercise program would be any less effective than work hardening/work conditioning in this clinical setting.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) days of your receipt of this decision (20 Tex. Admin. Code 142.5(c)).

If disputing other prospective medical necessity (pre-authorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Workers' Compensation Commission, P.O. Box 40669, Austin, Texas, 78704-0012. **A copy of this decision should be attached to the request.**

The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute (Commission Rule 133.308 (t)(2)).

This decision by the IRO is deemed to be a TWCC decision and order.