

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of this 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 ten (10) days** of your receipt of this decision (28 Tex. Admin. Code 142.5©).

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

This Decision is deemed received by you **five (5) days** after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5 (d)). A request for a hearing should be sent to:

Chief Clerk of Proceedings

Texas Workers' Compensation Commission, MS-48
7551 Metro Center Dr., Ste. 100
Austin, TX 78744-1609

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.

I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on the 24th of January, 2005.

Sincerely,

Secretary & General Counsel
GP/thh

REVIEWER'S REPORT M2-05-0573-01

Information Provided for Review:

TWCC-60, Table of Disputed Services, EOB's

Information provided by Requestor:

- Letter of medical necessity
- Office notes 10/15/04 – 10/28/04
- Physical therapy notes 07/28/04 – 10/07/04
- FCE 10/29/04
- Radiology reports 12/05/03 – 04/21/04

Information provided by Respondent:

- Correspondence
- Designated doctor review

Information provided by Orthopedic Surgeon:

- Office note 06/29/04
- Operative report 06/29/04

Information provided by Neurologist:

- Office note 01/06/04

Clinical History:

On ____, this 55-year old, female patient complained of pain and numbness in both hand that been present for one to two months and getting progressive more sever. The claimant subsequently underwent nerve conduction studies, MRI, surgical carpal tunnel release and physical medicine treatments.

Disputed Services:

Work hardening program.

Decision:

The reviewer agrees with the determination of the insurance carrier and is of the opinion that a work hardening program is not medically necessary in this case.

Rationale:

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."¹ The literature further states "...that there appears to be little scientific evidence for the effectiveness of multidisciplinary bio- psychosocial rehabilitation compared with other rehabilitation facilities..."² 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.³ Based on those studies and absent any documentation that the proposed work hardening program would be beneficial – when past therapeutic exercises were not – it is medically unnecessary.

That position is supported by the designated doctor who recommended repeat electrodiagnostic studies of the upper extremities, MRI of the cervical spine and a second opinion consultation with an orthopedic surgeon specializing in hand and upper extremity surgery. The designated doctor concluded by stating, "I feel strongly that this person should probably be completely independent from any previous physicians' involvement in this case."

¹ 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.

² 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.

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