

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 February 21, 2005.

Sincerely,

Gilbert Prud'homme
Secretary & General Counsel

GP/thh

REVIEWER'S REPORT M2-05-0720-01

Information Provided for Review:

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

Information provided by Respondent:

- Office visits 06/23/04 – 01/13/05
- FCE 11/10/04
- Radiology report 05/10/04

Information provided by Respondent:

- Correspondence and utilization reviews

Information provided by Orthopedic Surgeon:

- Office visits 05/27/04 – 12/02/04
- Operative report 06/25/04

Clinical History:

This 40-year-old male claimant underwent diagnostic imaging and physical medicine treatments after he sustained a work-related injury when he stepped into hole, and twisted his left knee on ____.

Disputed Services:

Outpatient work hardening program, five (5) times weekly for three (3) weeks as related to left knee.

Decision:

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

Rationale:

The submitted records failed to document that the claimant was in need of multi-disciplinary (psychological) treatment. Regardless of that failure, current medical literature states, "There is also no strong evidence for the effectiveness of multidisciplinary rehabilitation as compared to usual care."¹ Current medical 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 Furthermore, 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, it is medically unnecessary.

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.