

MDR Tracking Number: M5-03-0110-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective January 1, 2002 and Commission Rule 133.305 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 Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the issues of medical necessity. Therefore, upon receipt of this Order and in accordance with §133.308(q)(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 program and associated office visits were found to be medically necessary. The respondent raised no other reasons for denying reimbursement charges for the.

This Finding and Decision is hereby issued this 18th day of December 2002.

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Order is applicable to dates of service 10/1/01 through 3/26/02 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Order is hereby issued this 18th day of, December 2002.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

RL/cl

NOTICE OF INDEPENDENT REVIEW DECISION

November 21, 2002

Rosalinda Lopez
Program Administrator
Medical Review Division
Texas Workers Compensation Commission
4000 South IH-35, MS 48
Austin, TX 78704-7491

RE: MDR Tracking #: M5-03-0110-01
IRO Certificate #: 4326

___ 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 rendered 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 a matched peer with the treating health care professional. This case was reviewed by a health care professional licensed in chiropractic care. ___ health care professional 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

This 42 year old male sustained a work-related injury on ___ when he began to experience numbness and tingling in his right arm without a specific incident. A cervical MRI performed on 08/20/99 revealed a disc bulge at C4-C5 and C5-C6. Electrodiagnostic studies were performed on 08/24/99 and the patient was diagnosed with right carpal tunnel syndrome. He underwent a right carpal tunnel release in January of 2000. The patient participated in a work hardening program and went for associated office visits between 10/01/01 and 03/26/02.

Requested Service(s)

Work hardening program and associated office visits from 10/01/01 through 03/26/02.

Decision

It is determined that the work hardening program and associated office visits from 10/01/01 through 03/26/02 were medically necessary to treat this patient's condition.

Rationale/Basis for Decision

The medical record documentation indicates that the patient had a functional capacity evaluation performed on 08/14/01 that revealed his physical capacity below a satisfactory return-to-work level. The work hardening program was appropriate to prepare this patient to function at a higher physical capacity level. He was placed in the work hardening program from 09/05/01 through 10/14/01 and then underwent another functional capacity evaluation on 10/16/01 that revealed increased levels of function and the patient returned to work at full duty. A subsequent office visit was conducted on 10/23/01 to advise the patient about return to work. The patient was then seen four times by the treating doctor from 11/15/01 through 03/26/01 for follow-up. The office visits were appropriate in order to perform the functional capacity evaluations and appropriately monitor the patient's progress and return to work. In addition the work hardening program was successful in returning the patient to work at full duty. Therefore, the office visits and work hardening program were medically necessary.

Sincerely,