

**THIS DECISION HAS BEEN APPEALED. THE  
FOLLOWING IS THE RELATED SOAH DECISION NUMBER:**

**SOAH DOCKET NO. 453-03-2270.M5**

MDR Tracking Number: M5-03-0325-01

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 (Division) assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent.

The Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that work hardening was not medically necessary. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Division has determined that work hardening fees were the only fees involved in the medical dispute to be resolved. As the treatment was not found to be medically necessary, reimbursement for dates of service from 9/24/01 to 10/19/01 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 15th day of January 2003.

Noel L. Beavers  
Medical Dispute Resolution Officer  
Medical Review Division

NLB/nlb

December 16, 2002

Texas Workers' Compensation Commission  
Medical Dispute Resolution  
4000 South IH-35, MS 48  
Austin, TX 78704-7491

Re: Medical Dispute Resolution  
MDR#: M5-03-0325-01  
IRO Certificate No.: IRO 5055

Dear:

\_\_\_ has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, \_\_\_ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a physician who is Board-certified in Orthopedic Surgery.

Clinical History:

This 30-year-old male injured his lower back and his right leg while on his job on \_\_\_\_. He had conservative treatment and was on light duty until 05/16/01, at which time he quit working and has not worked since that time. His workup included MRI's of his lumbar spine and his knee, both of which were normal. This history and physical reveal that his complaints were primarily subjective, with very few objective findings.

Disputed Services:

Work hardening from 09/24/01 through 10/19/01.

Decision:

The reviewer agrees with the determination of the insurance carrier. The reviewer is of the opinion that the program in question was not medically necessary in this case.

Rationale for Decision:

The patient demonstrates no real objective evidence of injury. His injury would be classed as a soft tissue ligamentous sprain. His Functional Capacity Evaluation, done prior to the work hardening program on 07/12/01, was not felt to be valid. In the opinion on the reviewer, the patient did not demonstrate any valid effort on this FCE; consequently, it would not appear that he would demonstrate any motivation to return to gainful employment. For that reason, the reviewer does not feel that the work hardening program would be indicated or would offer this patient any benefit.

I am the the Secretary and General Counsel of \_\_\_\_ and I certify that the reviewing healthcare professional in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

Sincerely,