

MDR Tracking Number: M5-03-0696-01

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 \$650.00** 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 was found to be medically necessary. The respondent raised no other reasons for denying reimbursement for these work hardening charges.

This Finding and Decision is hereby issued this 13th day of May 2003.

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 11/5/01 through 12/13/01 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 13th day of May 2003.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division
RL/cl

May 7, 2003

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___ 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 Pain Management and Anesthesiology.

Clinical History:

This female claimant noted swelling, pain and tenderness in both wrists on or about ___. She was initially seen by her family doctor and given medications. An EMG was performed indicating bilateral carpal tunnel, along with an old C-7 radiculopathy. A right carpal tunnel release was performed after conservative treatment failed. She was then placed into a work hardening program for return to work. It is noted that when she first attempted to return to work prior to this program she was unable to do so; but was able to upon completion of the work hardening program.

Disputed Services:

Work hardening program.

Decision:

The reviewer disagrees with the determination of the insurance carrier. The reviewer is of the opinion that the work hardening program was medically necessary in this case.

Rationale for Decision:

There is a clear indication that this was a highly individualized treatment plan with specific goals. It was goal oriented and directed toward physical functioning. It did address vocational needs and provide group therapy, along with individual therapy and psychological therapy. The patient was able to improve her status and was able to return to work following the program. This is clearly documented and seems to fall within the TWCC guidelines.

I am 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 or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

Sincerely,