

**THIS DECISION HAS BEEN APPEALED. THE  
FOLLOWING IS THE RELATED SOAH DECISION NUMBER:  
SOAH DOCKET NO. 453-03-3458.M5**

MDR Tracking Number: M5-03-0887-01

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 requestor submitted a medical dispute resolution request on 11/26/02 and was received in the Medical Dispute Resolution on 12/2/02. The disputed dates of service 11/29/01 through 11/28/01 are not within the one year jurisdiction in accordance with Rule 133.308(e)(1) and will be excluded from this Finding and Decision.

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 office visits, work hardening, physical performance testing, physical therapy and NCV studies were 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 office visits, work hardening, physical performance testing, physical therapy and NCV study 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 12/10/01 to 1/18/02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 12<sup>th</sup> day of May 2003.

Carol R. Lawrence  
Medical Dispute Resolution Officer  
Medical Review Division

CRL/crl

May 7, 2003

Re: Medical Dispute Resolution  
MDR #: M5-03-0887-01

Dear

\_\_\_ 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 Certified in Chiropractic Medicine.

Clinical History:

This 61-year-old male claimant suffered a work-related injury on \_\_\_\_\_. The clinical history provided for this review was incomplete and conflicting.

Disputed Services:

Office visits, work hardening, physical performance testing, physical therapy and NCV studies during the period of 12/10/01 through 01/18/02.

Decision:

The reviewer agrees with the determination of the insurance carrier. Based on the documentation provided, the reviewer is of the opinion that the services rendered were not medically necessary in this case.

Rationale for Decision:

The general consensus is that a candidate for work conditioning or work hardening is a judgment call, determined by many possible variations of clinical presentations.

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,