

MDR Tracking Number: M5-03-1042-01

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 **or January 1, 2003** 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(r)(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 FCE and work hardening rendered 1-23-02 to 2-27-02 were found to be medically necessary. The respondent raised no other reasons for denying reimbursement for these charges.

The above Findings & Decision are hereby issued this 10th day of June 2003.

Dee Z. Torres
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 1-23-02 through 2-27-02 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 10th day of June 2003.

David R. Martinez, Manager
Medical Dispute Resolution
Medical Review Division

DRM/dzt

NOTICE OF INDEPENDENT REVIEW DECISION

Amended Letter

Note: Requested Service Dates

March 21, 2003

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

RE: MDR Tracking #: M5-03-1042-01
IRO Certificate #: IRO 4326

The ___ 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 patient sustained a work-related injury on ___ when he fell 8 feet onto his feet, and then twisted, falling onto his buttocks. A lumbar MRI performed on 11/09/01 revealed small Schmorl's nodes at L3 through L5. A left ankle MRI revealed small tibiotalar and posterior subtalar joint effusions and inflammatory infiltration through the tarsal tunnel suggestive tarsal tunnel syndrome. From 01/23/02 through 02/27/02, the patient underwent a work hardening program and a functional capacity evaluation.

Requested Service(s)

Work hardening program and a functional capacity evaluation from 01/23/02 through 02/27/02.

Decision

It is determined that the work hardening program and a functional capacity evaluation from 01/23/02 through 02/27/02 was medically necessary to treat this patient's condition.

Rationale/Basis for Decision

The functional capacity evaluation performed on 01/24/02 was medically necessary as a diagnostic tool in order to determine if the patient was progressing in the work hardening program.

Criteria for entrance into a work hardening program are:

- The person is likely to benefit from the program.
- Persons whose current levels of functioning interfere with their ability to carry out specific tasks required in the workplace.
- Persons whose medical, psychological, or other conditions do not prohibit participation in the program.
- Person is capable of attaining specific employment upon completion of the program.

The medical record documentation indicates that the patient met all of the above criteria for entrance into a work hardening program.

From the functional capacity evaluation of 01/03/02, the patient was functioning at a light/medium level. This was below the heavy level required for his job. In addition, testing indicated that the patient was having deficits in physical and social aspects of his daily life as a result of his injury. Therefore, the work hardening program and a functional capacity evaluation from 01/23/02 through 02/27/02 were medically necessary.

Sincerely,