

MDR Tracking Number: M5-03-1117-01

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 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 8<sup>th</sup> day of May 2003.

Margaret Q. Ojeda  
Medical Dispute Resolution Officer  
Medical Review Division  
MQO/mqo

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 1/25/02 through 3/15/02 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 8<sup>th</sup> day of May 2003.

David R. Martinez, Manager  
Medical Dispute Resolution  
Medical Review Division  
DRM/drm

April 24, 2003

Re: MDR #: M5-03-1117-01

\_\_\_ 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 Certified in Chiropractic Medicine.

Clinical History:

This 39-year-old male claimant sustained a work-related injury to his lower back on \_\_\_\_. He received a course of treatment of chiropractic and medical care, as well as physical therapy, with little improvement.

The Interim for Progress to Work Hardening found in the records provided stated that the patient was an excellent candidate for work hardening.

Disputed Services:

Work hardening program from 01/25/02 through 03/15/02.

Decision:

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

Rationale for Decision:

Little improvement was attained with chiropractic and medical care and physical therapy. The patient met all the TWCC work hardening criteria, specifically,

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

The Functional Capacity Evaluation on 01/21/02 revealed that he had not attained heavy TDC level of job status that was required, but was only at a medium level. Therefore, a work hardening program was properly put into place and necessary for the patient to return to the status he needed to continue his employment.

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,