

MDR Tracking Number: M5-03-1468-01

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, the total amount recommended for reimbursement does not represent a majority of the medical fees of the disputed healthcare and therefore, the **requestor did not prevail** in the IRO decision. Consequently, the requestor is not owed a refund of the paid IRO fee.

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 conditioning program from 9/25/01 through 10/21/01 was found to be medically necessary. The work conditioning rendered from 10/16/01 through 11/2/01 was not found to be medically necessary. The respondent raised no other reasons for denying reimbursement for these work conditioning charges.

This Finding and Decision is hereby issued this 27th 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 9/25/01 through 11/2/01 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 27th day of May 2003.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

RL/cl

NOTICE OF INDEPENDENT REVIEW DECISION

May 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 #: M5-03-1468-01
IRO Certificate #:IRO4326

___ 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 «Healthcare_Professional». ___'s 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 suffered an injury ___ while lifting a box weighing approximately 70 to 80 pounds. A lumbar MRI performed on 07/23/01 revealed a posterior annular tear at L5-S1. The patient had physical therapy and participated in work hardening and work conditioning programs

Requested Service(s)

A work-conditioning program rendered from 09/25/01 to 11/02/01.

Decision

It is determined that the work-conditioning program rendered from 09/25/01 through 10/12/01 was medically necessary to treat this patient's condition. However, the subsequent work hardening program, which lasted through 11/02/01, was not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

At the time that work-conditioning was being considered it is evident that the patient had, per functional capacity evaluation (FCE), lifting limitations. The patient's ability to lift as demonstrated by the FCE did not match favorably with his demanded job requirements.

It is interesting to note, however, that in this case an Independent Medical Examination (IME) was performed and the examiner opined that work hardening was not necessary. Given the fact that this patient progressed through a course of care prior to the work-conditioning program, demonstrated functional limitations on the initial FCE, and did not demonstrate sub-maximal effort on the initial FCE, the course of work-conditioning is necessary and appropriate.

However, the FCE administered between the work-conditioning program and the work hardening program, as well as other FCE's, did not indicate that significant psychosocial issues existed in this case to warrant the administration of a multi-disciplinary program such as work hardening. Furthermore, the patient progressed quite slowly during the work-conditioning program bringing into question the efficacy of rehabilitation versus normal expected healing time. Nevertheless, given the fact that at that time no psychosocial issues had been identified, documented, or suspected, the work hardening program is not medically indicated.

Therefore, the work-conditioning program rendered from 09/25/01 through 10/12/01 was medically necessary. However, the subsequent work hardening program, which lasted through 11/02/01, was not medically necessary.

Sincerely,