

MDR: Tracking Number M5-03-1635-01

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 office visits with manipulations were found to be medically necessary. The work hardening treatment/services rendered were not found to be medically necessary. The respondent raised no other reasons for denying reimbursement for these office visits with manipulation charges.

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 3/20/02 through 4/19/02 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 25th day of July 2003.

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division

CRL/cl

July 23, 2003

Re: Medical Dispute Resolution
MDR #: M5-03-1635-01
IRO Certificate No.: IRO 5055

___ 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 male claimant felt a sharp pain in his lower back when a work-related accident occurred on ____. Based on an FCE, the referral was made for work hardening.

Disputed Services:

Office visits with manipulations (99312-MP) on 03/22/02, 03/29/02, 04/03/02, and 04/19/02. Work hardening (97545-WH/97546-WH) on 03/20/02 through 04/19/02.

Decision and Rationale:

The reviewer partially agrees with the determination of the insurance carrier as follows:

- Office visits w/manipulations on the dates listed above were medically necessary. This claimant had problems that required decision-making for treatment and referrals. The office visits scheduled appear to be within the generally accepted guidelines for an individual with these types of problems.
- Work hardening program for the period of time listed above were not medically necessary. The treating physician recommended work hardening based on an FCE report. This report included the order "continue with skilled P.T. services prior to work hardening program, with work simulation, body mechanics education, aquatics, and nutritional group counseling." It is apparent from the records provided for review that the claimant also received psychological evaluation and vocational classes based on the treating physician's referrals.

The general consensus is that referral for work conditioning or work hardening is a judgment call, determined by many possible variations of clinical presentations. The Commission of Accreditation and Rehabilitation Facilities (CARF) 1994 Standards Manual is one of the generally accepted guidelines. In a document authored by K.D. Christensen, D.C. entitled, "Physiotherapy and Rehabilitation Guidelines for the Chiropractic Profession", he recommends implementing work hardening in Stage 4 of treatment programs. Stage 4 is the rehabilitation stage of treatment following a 7 to 12 week sub-acute remodeling phase. This manual states, "Generally, passive care is time-limited, progressing to active care in patient's functional recovery."

One of the specific criteria for implementation of a work hardening program includes medical necessity for using a multi-disciplinary approach to treatment. Work conditioning and work hardening programs should follow a program of in-office passive modalities and/or office and home therapeutic exercise programs. From the records provided for review, it is not apparent that the more conservative methods were fully explored prior to referral for work hardening.

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,