

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General 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 dispute was received on 8-28-02.

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 unlisted DME, work hardening program, FCE, psychiatric diagnostic interview and interactive individual medical psychotherapy, and office visits were found to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed services.

The above Findings and Decision are hereby issued this 6th day of November 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 through 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 6th day of November 2003.

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

NOTICE OF INDEPENDENT REVIEW DECISION - AMEND

Date: October 31, 2003

RE: MDR Tracking #: M5-03-1768-01
IRO Certificate #: 5242

_____ 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 proposed 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 Chiropractic physician reviewer. The Chiropractic physician reviewer 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

According to the documentation supplied, it appears the claimant injured his right knee while at work on _____. The notes reported that he underwent surgery at the end of 07/2001 with _____. The claimant began a physical therapy program at _____ with _____. The claimant also underwent a work hardening program. On 11/14/2001, the claimant was seen by _____ to determine if the claimant was at maximum medical improvement. _____ reported that the claimant was not at maximum medical improvement and should complete his work hardening program. The claimant apparently completed his work hardening program. _____ evaluated the claimant again on 01/15/2002 and felt he had made improvement and should follow-up in 6 weeks. _____ also reported that _____ should make the final determination on the claimant's impairment. I could not find any documentation from _____. The documentation ends here.

Requested Service(s)

The medical necessity of the chiropractic treatments, work hardening, psychiatric diagnostic interview, individual medical psychotherapy, miscellaneous supplies, and office rendered between 11/08/2001 – 03/18/2002

Decision

I disagree with the insurance company and agree with the treating doctor that the services rendered between 11/08/2001 – 03/18/2002 were medically necessary.

Rationale/Basis for Decision

The claimant underwent surgery at the end of 07/2001 with _____. _____ felt that the claimant needed the physical therapy, as well as the work hardening that was also rendered. _____ reported during an independent exam on 11/14/2001, that the claimant still had muscle weakness and would need to continue with his work hardening program. Since 2 other doctors that physically examined the claimant concurred with _____ treatment protocol, it appears that the care was reasonable and medically necessary. The follow-up visits that followed for a few months after the work hardening program would also be necessary to continue to monitor the claimant's progress.