

**THIS DECISION HAS BEEN APPEALED. THE
FOLLOWING IS THE RELATED SOAH DECISION NUMBER:**

SOAH DOCKET NO. 453-04-0624.M5

MDR: Tracking Number M5-03-1952-01

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 (Division) assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent.

The Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that the work hardening program was not medically necessary. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Division has determined that the work hardening program fees were the only fees involved in the medical dispute to be resolved. As the treatment was not found to be medically necessary, reimbursement for dates of service from 4/25/02 to 5/14/02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 30th day of July 2003.

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division

CRL/crl

July 28, 2003

Re: Medical Dispute Resolution
MDR #: M5-03-1952-01
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 first noticed his repetitive stress-type injury on ___. He visited a chiropractor on ___ for these symptoms, making his date of injury ___. He did not work

from 01/25/02 to 05/14/02. He received extensive chiropractic care before entering a work hardening program. He was also administered an MRI that was essentially negative, and electrodiagnostic tests indicated a radiculopathy at the right nerve root of C-7.

Disputed Services:

Work hardening program from 04/25/02 through 05/14/02.

Decision:

The reviewer agrees with the determination of the insurance carrier and is of the opinion that the work hardening program was not medically necessary in this case.

Rationale:

Since there is a natural history to the neuromusculoskeletal injuries, treatment guidelines recommend two-week trials of care. In this case, the patient received over two months of passive and active care with no substantial improvement, and without returning to his light-sedentary job. Another principle of case management is early return to activity and/or work. Given the patient's light-sedentary job, it the reviewer's opinion that a home exercise program would have been a more appropriate treatment.

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,