

MDR: Tracking Number M5-03-1964-01

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 \$650.00** 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 FCE and work hardening program were found to be medically necessary. The respondent raised no other reasons for denying reimbursement for these FCE and work hardening charges.

This Finding and Decision is hereby issued this 30th day of July 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 from 5/15/02 to 5/29/02 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 30th day of July 2003.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

RL/crl

July 25, 2003

Re: Medical Dispute Resolution
MDR #: M5-03-1964-01
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 Board Certified in Orthopedic Surgery.

Clinical History:

This 44-year-old male claimant complained of a painful right elbow and forearm following a work-related accident on ____. His probable diagnosis is lateral epicondylitis (common extensor tendonitis, right elbow) with possible "bone chip" at the elbow. Right elbow surgery was done on 07/17/01, presumably to remove a bone chip and release the common extensor tendon origin. Two months of physical therapy followed this surgery.

One year after his injury, ten months after the surgery, the patient had not returned to work and was referred for a Functional Capacity Evaluation on ____. Based on this FCE, he was referred for a work hardening program. His compliance and progress in the program was satisfactory for two weeks, at which time he changed treating physicians, and, apparently with that change, a change of attitude toward the work hardening program.

Disputed Services:

Functional capacity evaluation and work hardening program during the period of 05/15/02 through 05/29/02.

Decision:

The reviewer disagrees with the determination of the insurance carrier and is of the opinion that the evaluation and program in question were medically necessary in this case.

Rationale:

Elbow surgery was done when the patient's right elbow complaint failed to respond to conservative treatment after six weeks from the time of injury, followed by two months of physical therapy. This was an appropriate treatment plan. When the patient had not returned to work one year after his injury, and ten months post-surgery, an FCE was done, followed by the referral to a work hardening program. At that stage of his convalescence, this was the only course of action with any likelihood of success in returning him to his previous job. He did, subsequently, have a second surgery on his right elbow. The FCE and work hardening program were medically necessary and properly prescribed, and properly carried out from 05/15/02 through 05/29/02.

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,