

MDR Tracking Number: M5-03-2645-01

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 (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 June 18, 2003.

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(r)(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 work hardening, functional capacity evaluation, and office visits were found to be medically necessary. The respondent raised no other reasons for denying reimbursement of the work hardening, functional capacity evaluation, and office visit charges.

This Findings and Decision is hereby issued this 15th day of January 2004.

Margaret Q. Ojeda
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 10/21/02 through 12/16/02 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 15th day of January 2004.

David R. Martinez, Manager
Medical Dispute Resolution
Medical Review Division
DRM/mqo

August 26, 2003

REVISED CORRESPONDENCE
Corrected dates of service in dispute.

Re: MDR #: M5-03-2645-01

___ 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 female claimant suffered a work-related injury to both wrists and hands and developed carpal tunnel syndrome bilaterally on ____. The patient received surgery to both wrists, the left in February 2002 and the right in August 2002, and received post surgical rehab and work hardening.

Disputed Services:

Work hardening, functional capacity evaluation and office visits during the period of 10/21/02 through 12/16/02.

Decision:

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

Rationale:

According to the medical records reviewed, the patient had an FCE on 10/16/02 which showed the patient to have deficits in fingering, keyboarding, reaching, and handling tolerances, wrist flexibility, grip strength, keypunch strength, pronation strength, and supination strength. According to entrance criteria for work hardening programs:

- Persons who are likely to benefit from the program.
- Persons whose current levels of functioning due to illness or injury interfere with their ability to carry out the specific tasks required in the workplace.
- Persons whose medical, psychological, and other conditions do not prohibit participation in the program.
- Persons who are capable of attaining specific employment upon completion of the program.

According to the medical records reviewed, the patient met the requirements for entrance into the work hardening program from 10/12/02 through 12/16/02. The Functional Capacity Evaluations (FCE) on 10/16/02, 11/26/02, and 12/16/02 were necessary to evaluate the patient's functional status before, during and after the completion of the work hardening program. The office visits between 10/21/02 and 12/16/02 were necessary in order for the treating doctor to evaluate the patient's progress in the work hardening program.

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,