

MDR Tracking Number: M5-03-2704-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective January 17, 2001 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 FCE's and office visits 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 FCE's and office visit 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 8/5/02 through 9/20/02 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 19th day of August 2003.

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division

CRL/cl

August 8, 2003

**REVISION
CORRECTION OF DATE OF INJURY**

Re: Medical Dispute Resolution

MDR #: M5-03-2704-01

___ 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 injured her cervical, thoracic, and lumbar spine in a work-related accident on _____. She received medical treatment and went through a work hardening program.

Disputed Services:

FCE, office visits, and work hardening program during the period of 08/05/02 through 09/20/02.

Decision:

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

Rationale:

Criteria for entrance into a work hardening program include persons who are likely to benefit from the program, and whose current levels of functioning 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, and who are capable of attaining specific employment upon completion of the program. In addition, a mental health evaluation to determine the injured worker's readiness for the program is to be performed by a qualified mental health provider.

According to the medical records provided for review and the FCE on 08/08/02, the patient was functioning at a sedentary level, with the job requiring a light functional level. However, the records show that her dynamic lifting ranged from 50 pounds (floor to knuckles) to 10 pounds (overhead). In addition, her push/push weight was at 20 pounds on both. According to the *Dictionary of Occupational Titles, Volume 2, Fourth Edition*, light physical demand capacity rates at occasional 10-20 pounds and frequent 1-20 pounds.

The patient's capacity falls into this light category, not sedentary functioning. It appears that the medium physical demand category was used in the FCE as a baseline for measurement of the patient. Thus, with the patient functioning at the level that is required on her job, she did not meet the entrance criteria of work hardening. There is no evidence that a mental health evaluation was performed in order to assess her mental readiness for the program.

Due to the fact that the patient did not meet the criteria for entrance into the work hardening program, and did not have a mental health evaluation prior to entrance, the work hardening program was not medically necessary. The FCE and the office visits, however, were medically necessary to treat this patient.

According to Texas Labor Code 408:021(a), an employee is entitled to the care reasonably required in association with their injury and the treatment thereof. If the patient's condition is not stable, the care to maintain and promote healing is medically necessary.

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,