

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 6/26/03.

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 services were found to be medically necessary. The respondent raised no other reasons for denying reimbursement for work hardening services.

This Finding and Decision is hereby issued this 22<sup>nd</sup> day of, August 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 1/6/03 to 1/10/03 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 22<sup>nd</sup> day of, August 2003.

Roy Lewis, Supervisor  
Medical Dispute Resolution  
Medical Review Division

RL/crl

#### NOTICE OF INDEPENDENT REVIEW DECISION

**Date:** August 15, 2003

**RE: MDR Tracking #:** M5-03-2731-01  
**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**

It appears the claimant suffered a slip and fall injury while mopping a wet floor on or about \_\_\_\_. This reportedly caused injury to her left wrist, left knee and lumbar spine. The claimant demonstrated MRI evidence of left sided L5 nerve root impingement and the electrodiagnostic studies also supported this finding. The claimant underwent 3 epidural steroid injections as well as chiropractic care with \_\_\_\_\_. The claimant also underwent an independent medical exam under the direction of \_\_\_\_ 11/20/02 and several peer reviews were also performed on this claimant. None of these reports were submitted for review; however, it was stated by \_\_\_\_\_ that the independent medical exam doctor, \_\_\_\_\_, did recommend a work hardening and work conditioning program. It is also documented that work hardening was pre-authorized through the pre-authorization process on at least 2 occasions by a physician advisor. A functional capacity exam of 10/30/02 revealed the claimant was functioning at the light duty level and she was required to function at the medium duty level as an employee of a \_\_\_\_\_.

### **Requested Service(s)**

The medical necessity of the outpatient services to include the work hardening program of 1/6/03 through 1/10/03.

### **Decision**

I disagree with the insurance carrier and find that the work hardening services mentioned above from 1/6/03 through 1/10/03 were reasonable and medically necessary.

### **Rationale/Basis for Decision**

In my opinion and based on the documentation provided by the provider, who in this case is \_\_\_\_\_, has made his case for the necessity of the work hardening program. \_\_\_\_\_ reportedly saw the claimant for independent medical exam purposes on 11/20/02 and mentioned that work hardening or work conditioning would be necessary. Work hardening was also reportedly approved on 2 occasions via the pre-authorization process. The functional capacity exam of 10/30/02 revealed the claimant was functioning at the light duty level whereas she was required to function at the medium duty level. The claimant is employed in a \_\_\_\_ and would likely be required to do a significant amount of repetitive lifting and bending. The claimant also had documented evidence of left sided L5 nerve root irritation or impingement that would be prone to re-injury without a decent conditioning and strengthening program. It is my opinion based on the documentation provided that the services in dispute were properly documented and reasonable and medically necessary.