

MDR Tracking Number: M5-02-2039-01

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.

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 program was found to be medically necessary. The respondent raised no other reasons for denying reimbursement for these work hardening 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 3-5-01 through 4-9-01 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 August 2002.

Dee Z. Torres, Medical Dispute Resolution Officer
Medical Review Division

DZT/dzt

This document is signed under the authority delegated to me by Richard Reynolds, Executive Director, pursuant to the Texas Workers' Compensation Act, Texas Labor Code Sections 402.041 - 402.042 and subsequently re-delegated by Virginia May, Deputy Executive Director.

August 29, 2002

Texas Workers' Compensation Commission
Medical Dispute Resolution
4000 South IH-35, MS 48
Austin, TX 78704-7491

Attention: Rosalinda Lopez

Re: Medical Dispute Resolution
MDR #: M5-02-2039-01
IRO Certificate No.: IRO 5055

Dear Lopez:

The following independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a physician Board Certified in the Physical Medicine and Rehabilitation.

THE REVIEWER OF THIS CASE DISAGREES WITH THE DETERMINATION MADE BY THE INSURANCE CARRIER. The reviewer is of the opinion that a work hardening program was beneficial and medically necessary in this case.

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,

MEDICAL CASE REVIEW

This is for ____. I have reviewed the medical information forwarded to me concerning TWCC Case File #M5-02-2039-01, in the area of Physical Medicine and Rehabilitation. The following documents were presented and reviewed:

A. MEDICAL INFORMATION REVIEWED:

1. Letter from the Texas Worker's Compensation Commission requiring the IME.
2. List of physicians and caregivers, ___ and ___.
3. Bills for work hardening program.

4. Letter by the physical therapist, ____, requesting reconsideration for the denial.
5. Operative note, pre- and post-surgery, by ____, namely that the findings included torn menisci in the knee which were repaired, first noted on an MRI and then also on arthroscopy.

B. BRIEF CLINICAL HISTORY:

Apparently, this lady fell while she was carrying a tray and had injuries to the left wrist, left knee, and low back. The case, as presented to me, however, refers primarily to the knee injury which seems to have been the most severe because of injuries to the medial and lateral menisci in the knee. The work hardening program was an attempt to get her back to work.

C. DISPUTED SERVICES:

The apparent disputed services are the work hardening program which was, in fact, carried out and apparently resulted in her going back to work.

D. DECISION:

I DISAGREE WITH THE DECISION OF THE INSURANCE CARRIER IN THIS CASE.

E. RATIONALE OR BASIS FOR DECISION:

This lady had a rather serious injury to the knee. When one tears both the medial and lateral menisci and has surgery, this requires some considerable amount of rehabilitation. I cannot tell from the records submitted whether there was a course of rehabilitation after the surgery. I believe the course of rehabilitation actually was the work hardening program. It was very goal-oriented, and very definite goals for the total body parts were stated and achieved, i.e., she had three areas of her body injured--the left wrist, the back, and the knee--and all three areas were considered including education with, I believe, group psychotherapy. Thus, based on the fact that she had a very serious injury and could have required physical therapy for proper rehabilitation, and the work hardening was, in fact, done by a licensed physical therapist and addressed the entire process, i.e., carrying trays and having a decent back, knee, arms, and wrists, I believe that the work hardening program was appropriate.

F. DISCLAIMER:

The opinions rendered in this case are the opinions of this evaluator. This medical evaluation has been conducted on the basis of the documentation as provided to me with the assumption that the material is true, complete and correct. If more information becomes available at a later date, then additional service, reports or consideration may be requested. Such information may or may not change the opinions rendered in this evaluation. My opinion is based on the clinical assessment from the documentation provided.

Date: 23 August 2002