

MDR Tracking Number: M5-02-2088-01

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 (Division) assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent.

The Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that work hardening was not medically necessary. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Division has determined that work hardening fees were the only fees involved in the medical dispute to be resolved. As the treatment was not found to be medically necessary, reimbursement for dates of service from 2/15/01 to 3/30/01 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 19th day of May 2003.

Noel L. Beavers
Medical Dispute Resolution Officer
Medical Review Division
NLB/nlb

May 14, 2003

Re: MDR #: M5-02-2088-01
IRO Certificate No.: 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 certified in Chiropractic medicine.

Clinical History:

This female claimant sustained a work-related lumbar sprain/strain-type injury on ___. She sought treatment with the company doctor who then referred her to an orthopedist for evaluation and treatment. She presented for chiropractic care initially on 11/06/02.

Disputed Services:

Work hardening program from 02/15/01 through 03/30/01.

Decision:

The reviewer agrees with the determination of the insurance carrier. The reviewer is of the opinion that work-hardening program was not medically necessary in this case.

Rationale for Decision:

The FCE on 02/16/01 was deemed invalid, therefore could not support work hardening. In addition, the patient was examined on 03/05/01 and determined to be at MMI on 01/18/01, with a 0% impairment rating. Thus, the work hardening that began on 02/15/01 was not supported or found to be 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,