

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 \$460.00** 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 2-12-01 through 3-23-01 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 3rd day of May 2002.

David R. Martinez, Manager
Medical Dispute Resolution

DRM/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.

NOTICE OF INDEPENDENT REVIEW DECISION

April 25, 2002

David Martinez
Chief, Medical Dispute Resolution
Medical Review Division
Texas Workers Compensation Commission
4000 South IH-35, MS 40
Austin, TX 78704-7491

RE: MDR Tracking #: M5-02-2109-01
IRO Certificate #: 4326

___ 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 rendered 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 matched peer with the treating health care professional. This case was reviewed by a health care professional licensed in chiropractic care. ___ health care professional 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

This 53 year old male was injured on the job while trying to repair a tire. The tire exploded and he was thrown back approximately 10 feet. He was immediately treated at the hospital and observed. He was given the diagnosis of unspecified disorder of the shoulder, unspecified disorder of the hand, unspecified disorder of the upper arm, muscle spasm, and blurred vision. The patient received X-rays, CAT scan, MRI, chiropractic treatment for eight months, ESI injections and EMG testing. The FCE revealed that the patient was not qualified to return to his previous job because he was not able to meet the material and non-material handling requirements of his job.

Requested Service(s)

The work hardening services provided and billed between 02/12/01 and 03/23/01.

Decision

It is determined that all the services provided and billed between 02/12/01 and 03/23/01 were medically necessary to treat this patient's condition.

Rationale/Basis for Decision

The work hardening program provided to the patient was medically necessary after careful review of the medical record documentation and after consideration for the work hardening entrance requirements as stated in the *TWCC Medical Fee Guidelines* (1996) page 37. First, the patient must exhibit some need or benefit for the program. The patient was examined and the FCE results stated that he was not qualified to return to his manual labor job and he was unable to meet the material and non-material handling requirements. Thus, by not being able to meet

the material and non-material handling requirements he meets the second admission criteria of being a person whose current levels of functioning due to illness or injury interfere with their ability to carry out specific tasks required in the workplace. The third admission requirement is being a person whose medical, psychological, or other conditions do not prohibit participation in the program. Two physicians examined and diagnosed the patient with some depression and insomnia related to the injury, but nothing physical or mental to prevent him from participating in the program. Finally, the patient must be capable of attaining specific employment upon completion of the program. The patient demonstrated this upon completing the work hardening training by returning to his original position.

Sincerely,