

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**.

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 3-12-01 through 3-30-01 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 12th day of July 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.

NOTICE OF INDEPENDENT REVIEW DECISION **CORRECTED LETTER**
NOTE: Requested Service(s) Dates

June 27, 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 #: M5-02-2271-01
 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 §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 ___ physician reviewer who is board certified in family practice which is the same specialty as the treating physician. The ___ 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

This 51 year old male sustained a work related injury on ___ when he was moving some heavy pieces of furniture and developed pain in the right groin. The patient was initially diagnosed with a right inguinal strain but continued to be symptomatic and was diagnosed with a right inguinal hernia and right hydrocele. The patient underwent surgery on 04/26/00. The patient continued to complain of pain and swelling in his right testicle. The treating physician recommended that the patient undergo work hardening.

Requested Service(s)

A work hardening program billed between 03/12/01 and 03/30/01.

Decision

It is determined that the work hardening program was not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

The patient was experiencing post operative complications of a hernia repair. A work hardening program was not the activity of choice for this patient especially considering it was almost one year following the surgery. A more appropriate treatment would have been a home physical therapy program with limitations on activities. Therefore, the work hardening program was not appropriate or medically indicated.

Sincerely,