

MDR Tracking Number: M5-02-2353-01

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 \$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determined that **medical necessity was the only issue** to be resolved (CPT codes other than the work hardening were withdrawn from the dispute). The **work hardening program was** found to be medically necessary. The respondent raised no other reasons for denying reimbursement for the work hardening program charges.

This Finding and Decision is hereby issued this 1<sup>st</sup> day of September 2002.

Carol R. Lawrence  
Medical Dispute Resolution Officer

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 **8/6/01 through 10/5/01** 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 1<sup>st</sup> day of September 2002.

David R. Martinez, Manager  
Medical Dispute Resolution  
Medical Review Division

DRM/crl

September 3, 2002

**REVISED CORRESPONDENCE**

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 #: M5-02-2353-01  
IRO Certificate No.: IRO 5055

Dear Ms. Lopez:

Following is a revision to the letter to the Commission dated 08/07/02 regarding the above-named case review. Note revision to 3<sup>rd</sup> paragraph of page 1 in which the services in question were incorrect.

The following independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a Doctor of Chiropractic Medicine.

**The reviewer DISAGREES with the determination of the carrier in this case. The reviewer is of the opinion that work hardening was 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 #M5-02-2353-01, in the area of Chiropractic. The following documents were presented and reviewed:

A. MEDICAL INFORMATION REVIEWED:

1. EOB's from August 7, 2001, to October 5, 2001.

2. Letter from \_\_\_\_, dated June 10, 2002.
3. Peer review from \_\_\_\_, dated March 12, 2002.
4. Peer review from \_\_\_\_, dated November 6, 2001.
5. Daily work hardening notes from August 6, 2001, to October 5, 2001.

B. BRIEF CLINICAL HISTORY:

The patient has been under the care of \_\_\_\_ since October 1998 for a work-related injury. Surgery to the lumbar spine was performed on March 20, 2001, by \_\_\_\_\_. After undergoing post-surgical rehab to the lumbar spine, the patient was placed in a work hardening program by \_\_\_\_\_.

C. DISPUTED SERVICES:

Six weeks of work hardening by \_\_\_\_\_.

D. DECISION:

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

E. RATIONALE OR BASIS FOR DECISION:

After reviewing the documentation provided, due to the patient's surgical procedure, subsequent loss of time off work, and the type of work (warehouse worker/forklift operator), I believe that the work hardening program was medically necessary in order to help the patient to transition back into a work environment. The program would also give the patient a good simulation of how working after the surgical procedure will be, as compared to before the surgical procedure.

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.

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Date: 29 July 2002