

MDR Tracking Number: M5-02-2361-01

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. The functional capacity evaluation (FCE) and the work hardening program were found to be medically necessary. The respondent raised no other reasons for denying reimbursement for these charges.

The above Findings and Decision are hereby issued this 8th day of October 2002.

Dee Z. Torres
Medical Dispute Resolution
Medical Review Division

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 3-28-01 through 5-11-01 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 per Rule 133.307(j)(2).

This Order is hereby issued this 8th day of October 2002.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

RL/dzt

September 20, 2002

Re: Medical Dispute Resolution
MDR #: M5-02-2361-01
IRO Certificate No.: IRO 5055

Dear:

___ 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 a doctor of Chiropractic Medicine.

The physician reviewer DISAGREES with the determination of the insurance carrier in this case. The reviewer is of the opinion that a WORK HARDENING PROGRAM AND FCE TESTING during the period of 03.28.01 through 05.11.01 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.

We are forwarding herewith a copy of the referenced Medical Case Review with reviewer's name redacted.

Sincerely,

MEDICAL CASE REVIEW

This is for ___. I have reviewed the medical information forwarded to me concerning MDR #M5-02-2361-01, in the area of Work Hardening. The following documents were presented and reviewed:

A. MEDICAL INFORMATION REVIEWED:

1. Medical Dispute Resolution Request/Response.
2. Table of Disputed Services.

3. Explanation of Benefits from carrier denying reimbursement, total 29 pages.
4. ___ response to denial of payment.
5. Consultations and designated doctor re-evaluation report, IME, and peer review report, total 19 pages.
6. Treating doctor's office notes, reports, operative reports, FCE reports, rehabilitation program progress notes, work hardening program progress notes, diskogram report, and post-diskography CT report, total 133 pages.

B. BRIEF CLINICAL HISTORY:

The records reveal this patient was injured on the job on ____. He was seen by various doctors and underwent medication and therapy for his injuries. His problems persisted, which required lumbar spinal fusion surgery, after which he attended a rehabilitation program and progressed to a work hardening program. On June 26, 2001, he was released and placed at MMI with a 16% impairment rating.

C. DISPUTED SERVICES:

Work hardening program and FCE testing dated 3/28/01 through 5/11/01.

D. DECISION:

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

E. RATIONALE OR BASIS FOR DECISION:

The records reveal the patient was injured on the job on ____, while lifting a heavy reel of cable. Over a course of treatment, he received medication and a physical therapy program. The records indicate that the patient responded favorably. Over the course of treatment, the additional diagnostic evaluations were performed. Due to ongoing and continual problems related to this on-the-job injury, the patient underwent lumbar spine fusion surgery on October 12, 2000.

The records indicate he was evaluated by ____, and a rehabilitation program was begun. Records dated March 6, 2001, indicate the patient had completed 13 weeks of a rehabilitation program and had made satisfactory progress. An FCE was ordered and performed on March 28, 2001, which indicated the patient was unable to return to his job classification held prior to his injury.

The treating doctor then referred the patient for a six-week work hardening program. After the completion of the work hardening program, the patient was evaluated by his treating doctor on June 26, 2001. The patient had made significant improvement and was released

to return to gainful employment, with lifting restrictions of no more than 35 pounds. In addition, there were other restrictions listed by his treating doctor. The patient was placed at MMI and was given a 16% impairment rating by his treating doctor.

In conclusion, based upon my review of all medical records supplied, it is my professional opinion the work hardening program was, in fact, reasonable and medically necessary for this patient to be able to attain the medium physical demand level. It is further my opinion the FCE was reasonable and medically necessary at the time to determine the patient's current status, as well as to assist in formulating future treatment plans.

Based upon the supplied records, it is my opinion the work hardening program was within the established *TWCC Treatment Guidelines* that were in effect at the time these services were performed.

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: 18 September 2002