

MDR Tracking Number: M5-02-2366-01

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 work hardening program, office visits and reports, FCE, and lumbosacral support were found to be medically necessary. The respondent raised no other reasons for denying reimbursement for these services.

The above Findings and Decision are hereby issued this 24th day of September 2002.

Dee Z. Torres,
Medical Dispute Resolution Officer
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 5-24-01 through 11-26-01 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 24th day of September 2002.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

RL/dzt

September 10, 2002

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___ 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 Board Certified in 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 from 05/24/01 through 07/02/01, report (99080-73) of 06/06/01, office visits for 06/08/01, 06/29/01, 07/10/01, 11/23/01 and 11/26/01, lumbosacral support of 06/13/01, and FCE on 06/12/01 and 07/02/01 were 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.

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 review the medical information forwarded to me concerning MDR # M5-02-2366-01, in the area of Chiropractic and 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. EOB indicating denial of services from the insurance carrier.
4. Peer review report from ___. Dated 5/25/01
5. Reports from ___ to the TWCC Medical Review Division.
6. Response to Peer Review and Medical Necessity for Services Rendered report, dated 9/4/01, from ___.
7. Report of Medical evaluation, dated 6/04/01, from ___.

8. Additional records including work hardening SOAP notes, Ergo evaluations and Functional Capacity Evaluation reports, total pages 138.

B. BRIEF CLINICAL HISTORY:

The patient was injured on the job on _____. He was initially evaluated at _____ by _____ and by _____. Additionally, he was seen by _____ on 2/22/01. The records further indicate the patient sought care from _____ on 3/06/01. Per _____ records, and initial evaluation was performed which led to a diagnosis being rendered and a treatment program initiated.

C. DISPUTED SERVICES:

Work hardening program from May 24, 2001, through July 2, 2001
Additional disputed services include a report, Code 99080-73, dated 6/06/01; office visits, Code 99213, dates of service 6/08/01,9/29/01, 7/10/01,11/23/01, and 11/26/01. Additional charges included a lumbosacral support. Code L0515, dated 6/13/01; disputed services for Functional Capacity Evaluation, Code 97750-FC, on 6/12/01 and 7/02/01.

D. DECISION:

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

E. RATIONALE OR BASIS FOR DECISION:

Review of the records indicates the patient was initially treated for his on-the-job injury at _____. Additional records indicate the patient chose _____ as his treating doctor and was first seen by _____ on 3/06/01. The peer review report dated 5/25/01 rendered an opinion based upon the information that doctor had in his possession. It is my opinion he did not have all necessary medical records at the time he made his determination. The objections and concerns listed in the peer review report are further explained and clarified with greater detail in the Response to Peer Review and Medical Necessity for Services Rendered report dated 9/04/01 by _____.

Additional review of the records indicates significant objective findings, which warranted initiation of a treatment plan utilizing manipulation, joint mobilization, myofascial release, and therapeutic exercises. Range of motion and muscle tests were utilized to monitor the patient's progress. The patient responded to the care he was receiving.

An FCE performed on 5/16/01 indicated the patient was unable to return to his job as a construction worker. At this point, the peer review report makes a note that the work hardening program was not necessary if the injured worker did not have a specific job to return to. I disagree with that determination and concur with the Amendment 134.1001 of the *Spine Treatment Guidelines* that were in effect at the time these services were rendered which states when the injured employee does not have a

specific job that he is returning to, the goal of the work hardening program should be to restore a reasonable level of physical function. Per the records, this what was achieved.

In summary, it is my opinion all disputed medical services were reasonable and necessary per TWCC Guidelines.

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.