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 the work hardening program charges.

This Finding and Decision is hereby issued this 19th day of July 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 7/2/01 through 8/14/01 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 19th day of July 2002.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

RL/crl

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, 7/19/02.

NOTICE OF INDEPENDENT REVIEW DECISION

July 9, 2002

Rosalinda Lopez
Program Administrator
Medical Review Division
Texas Workers Compensation Commission
4000 South IH-35, MS 48
Austin, TX 78704-7491

RE: MDR Tracking #: M5-02-2404-01
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 28-year-old male sustained an on-the-job injury on ___ when he was lifting a 12 pack of 3-liter soda and experienced left sided lower back pain. The diagnoses established were displacement of lumbar intervertebral disc without myelopathy, lumbar sprain/strain, thoracic sprain/strain and lumbosacral ligament sprain/strain. The treatment plan included a work hardening/conditioning program from 07/02/01 through 08/14/01.

Requested Service(s)

Work Hardening/Conditioning Program from 07/02/01 through 08/14/01

Decision

It has been determined that the work hardening/conditioning program from 07/02/01 through 08/14/01 was medically necessary.

Rationale/Basis for Decision

The work hardening program was medically necessary based on the documentation submitted for review and the work hardening entrance requirements as stated in the TWCC Medical Fee Guidelines (1996) page 37.

The first criterion indicates that the patient must exhibit some need or benefit for the program. ___ was examined with a recommendation to perform work hardening two months post injury. According to the functional capacity evaluation (FCE) performed, his current physical demand level is heavy and he was evaluated to be at medium demand level. During the examination, he was asked to lift 55 pounds and he experienced increased back pain.

The second criterion indicates that the individual's current levels of functioning due to illness or injury interferes with their ability to carry out specific tasks required in the workplace. The patient was evaluated through an FCE and placed at a medium job level for his workplace and after weeks of work conditioning, he exhibited significant progress. This was achieving the goal of reaching a very heavy job demand level in order to place him back in the workforce.

The third criterion indicates that the individual's medical, psychological, or other conditions do not prohibit participation in the program. The patient was not found to have any prohibitions that would prevent him from functioning within normal limits in the work conditioning/work hardening programs.

The final criterion indicates that the individual must be capable of attaining specific employment upon completion of the program. The patient was discharged from the program and began his pre-accident job description. This is an example of returning the patient to his original job without risk of injury. Therefore, it is determined that the work hardening/conditioning program from 07/02/01 through 08/14/01 was medically necessary.

Sincerely,