

MDR Tracking Number: M5-02-2562-01

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 (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 the 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 from 5-23-01 through 7-6-01 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 11th day of October 2002.

Dee Z. Torres
Medical Dispute Resolution Officer
Medical Review Division

DZT/dzt

NOTICE OF INDEPENDENT REVIEW DECISION

AMENDED LETTER
NOTE: Requested Services

September 25, 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 #: M5-02-2562-01
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 31 year old female sustained a work related injury on ___ when she fell on steps and injured her arms, legs and ankle. The patient was diagnosed with thoracic sprain/strain, lumbar sprain/strain, bilateral hamstring and calf pain, and bilateral ankle sprain/strain injury. The patient underwent an MRI that revealed an L5 disc bulge impinging on the thecal sac. A functional capacity evaluation was performed on 03/02/01 and the patient participated in a work hardening program from 05/23/01 through 07/06/01.

Requested Service(s)

Work hardening provided from 05/23/01 through 07/06/01.

Decision

It is determined that the work hardening provided from 05/23/01 through 07/06/01 was not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

The medical record documentation indicates that the patient's job required light to medium physical demand level function. The patient underwent a functional capacity evaluation on 03/26/01 and the testing indicated that patient was functioning at the medium physical demand level for frequent lifting. Lumbar ranges of motion were essentially normal. The patient was certified at maximum medical improvement on 05/05/01. Due to data that indicates that the patient was at medium physical demand level prior to the services in question, the work hardening provided from 05/23/01 through 07/06/01 was not necessary.

Sincerely,