

MDR Tracking Number: M5-02-2614-01

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 conditioning and work hardening programs were found to be medically necessary. The respondent raised no other reasons for denying reimbursement for these two programs.

The above Findings and Decision is hereby ordered this 3<sup>rd</sup> day of October 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 7-09-01 through 9-21-01 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 3<sup>rd</sup> day of October 2002.

Roy Lewis, Supervisor  
Medical Dispute Resolution  
Medical Review Division  
RL/dzt

September 23, 2002

Texas Workers' Compensation Commission  
Medical Dispute Resolution  
4000 South IH-35, MS 48  
Austin, TX 78704-7491

**REVISED CORRESPONDENCE AND MEDICAL REPORT**

Attention: Rosalinda Lopez

Re: Medical Dispute Resolution  
MDR #: M5-02-2614-01  
IRO Certificate No.: IRO 5055

Dear Ms. Lopez:

This is to replace our correspondence and medical case review of 09/04/02 regarding the above-named medical dispute.

This revision is to add to the reviewer's decision the date of service 07/31/01, and remove from the reviewer's decision the date of service 10/29/01. It should also be noted that in the correspondence of 09/04/02, the case reviewer was identified in error as a Board Certified Anesthesiologist. The case was reviewed by a health care provider Board Certified in Chiropractic Medicine.

**The reviewer DISAGREES with the determination of the insurance carrier in this case. The reviewer is of the opinion that work conditioning and work hardening for the following dates: July 9-13, 16-18, 20, 23-25, 27, 30-31, 2001, August 1-2, 14-17, 21-24, 27-30, 2001, and September 4-7, 10-14, 17-21, 2001, was medically necessary.**

I am the Secretary and General Counsel of \_\_\_ and I certify that the reviewing physician 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 #M5-02-2614-01, in the area of Chiropractic. The following documents were presented and reviewed:

### A. MEDICAL INFORMATION REVIEWED:

1. IRO Assignment, dated 6/26/02, one page.
2. TWCC Medical Dispute Resolution Request/Response form, 2 pages.
3. TWCC-60, 5 pages.
4. TWCC-62, Explanation of Benefits, for dates of service from 7/09/01 through 9/21/01, 10 pages.
5. Fourteen letters and reports from \_\_\_\_\_ from dates 4/24/01 through 6/26/02, 33 pages.
6. Office visit notes from \_\_\_\_\_ from dates 2/08/01 through 3/26/02, 95 pages.
7. Work hardening and work conditioning office notes, 85 pages.
8. Ten \_\_\_\_\_ reports, consisting of three functional capacity assessments, one \_\_\_\_\_ report, one impairment rating report, and five range of motion reports, from 3/02/01 through 12/03/01.
9. Written communication notes from \_\_\_\_\_, 2 pages.
10. \_\_\_\_\_, letter dated 4/16/02, 2 pages, and letter dated 6/13/02, one page.
11. Reports from \_\_\_\_\_, dated 11/19/01, 5 pages, and letter dated 4/10/02, 3 pages.
12. Impairment Rating report from \_\_\_\_\_, dated 1/24/02, 4 pages.
13. Three reports from \_\_\_\_\_, dated 3/06/01, 3/17/01, and 6/12/01, 3 pages.
14. \_\_\_\_\_, two reports dated 11/01/01, 2 pages, and 12/13/01, one page.
15. Nerve conduction study from \_\_\_\_\_, dated 2/27/01, one page.
16. \_\_\_\_\_, radiographic report of right foot and ankle, dated 5/15/01.
17. \_\_\_\_\_, four reports: two reports dated 11/21/01 and two reports dated 2/20/01; the reports are x-ray of the right ankle and MRI of the right ankle.
18. \_\_\_\_\_, x-ray reports of the right ankle, dated 2/02/01, 4 pages.

### B. BRIEF CLINICAL HISTORY:

The patient was involved in a work injury on \_\_\_\_\_. She was employed at \_\_\_\_\_, employed as a custodian, when she slipped and fell and injured her right foot and ankle.

C. DISPUTED SERVICES:

The services in dispute concern work conditioning and work hardening, dated 7/09/01 through 9/21/01.

D. DECISION:

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

E. RATIONALE OR BASIS FOR DECISION:

From the records reviewed, it is apparent that the treating physician was attempting to do everything available to help this patient recover. The records indicate that the patient was injured on the job and sought treatment. The treating physician thoroughly evaluated the patient with examinations, imaging studies, electrodiagnostic studies, functional studies, range of motion studies, and referrals to other physicians. Physical Medicine treatment was then provided on an outpatient basis. Following treatment, the patient was again evaluated.

At that time (04/24/01) a Functional Capacity Assessment determined that she was unable to resume her former position as a custodian (PDC - Light). Thus, she was started on a work conditioning program, which was later upgraded to a work hardening program. Upon completion of the work hardening, the FCA examination reported PDC - Medium. Following the work hardening program, it appears that she did return to work.

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: 23 September 2002