

M5-02-2682-01

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 for date of service 11/29/01 and 12/18/01, but the total amount recommended for reimbursement does not represent a majority of the medical fees of the disputed healthcare and therefore, the requestor did not prevail in the IRO decision. Consequently, the requestor is not owed a refund of 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 Function Capacity Evaluation (FCE) and Physical Performance Test (PPT) were found to be medically necessary, the work hardening was not found to be medically necessary. The respondent raised no other reasons for denying reimbursement for the FCE and PPT charges.

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 11/12/01 through 12/21/01 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 7th day of, January 2003.

Medical Dispute Resolution Officer
Medical Review Division

Enclosure: IRO Decision

February 22, 2008

Re: Medical Dispute Resolution
MDR #: M5.02.2682.01
IRO Certificate No.: IRO 5055

Dear:

IRI has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, IRI 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. A physician who is a doctor of Chiropractic medicine reviewed this case.

The physician reviewer PARTIALLY AGREES with the determination of the insurance carrier in this case. The reviewer is of the opinion that the work hardening program from 11.12.01 through 12.21.01 WAS NOT MEDICALLY NECESSARY. However the Functional Capacity Evaluation on 12.18.01, and the Physical Performance Test on 11.29.01, WERE MEDICALLY NECESSARY.

I am the Secretary and General Counsel of Independent Review, Inc. 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,