MDR Tracking Number: M5-02-2745-01

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. For the purposes of determining compliance with the order, the Commission will add 20 days to the date the order was deemed received as outlined on page one of this order.

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, FCE and social services were found to be medically necessary. The respondent raised no other reasons for denying reimbursement for these work hardening charges.

This Decision is hereby issued this 6th day of February 2003.

Noel L. Beavers
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 7/3/01 through 10/1/01 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 6th day of February 2003.

David R. Martinez, Manager
Medical Dispute Resolution
Medical Review Division

DRM/nlb

January 14, 2003 **Revised**

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

Re: Medical Dispute Resolution
MDR#: M5-02-2745-01
IRO Certificate No.: IRO 5055

Dear:

___ 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 certified in Chiropractic medicine.

Clinical History:
This female claimant suffers cervical root lesion, spasm of muscle, brachial neuritis and headache as a result of an on-the-job injury on ___. Documentation also mentions cervical pain as the primary complaint, as well as some upper thoracic paraspinous tenderness to deep palpation. Cervical sprain and strain and ulnar nerve compression at the elbow was also stated as a diagnosis, with mention of some lessening of the cervical pain.

Work hardening notes indicate neck pain, shoulder pain and upper trapezius pain. On 06/21/01, in an IME including FCE, a case

synopsis was given as being a scapulothoracic strain incurred on 05/15/00, and the patient has been off work since that date.

Disputed Services:
Work hardening program, office visits, FCE and social services from 07/03/01 thru 10/01/01.

Decision:
The reviewer disagrees with the determination of the insurance carrier. The reviewer is of the opinion that the program and services in question were medically necessary.

Rationale for Decision:
The general source of the screening criteria used by the reviewer comes primarily from 13 years of experience of daily treatment of musculoskeletal disorders exactly like or similar to that of this patient. Criteria were also derived from daily interaction and conference with other providers and specialists also involved in treating musculoskeletal disorders. As the dates of service of this case occurred prior to the abolishment of the *Treatment Guidelines,* the "old" *Spine Treatment Guidelines* were taken into consideration.

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 who reviewed this case for determination prior to referral to the Independent Review Organization.

Sincerely,