

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 charges for the work hardening.

This Finding and Decision is hereby issued this 17th day of, October 2002.

Carol R. Lawrence
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 2/12/01 through 3/27/01 in this dispute and IRO fee.

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 17th day of October 2002.

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

DRM/crl

October 4, 2002

Re: Medical Dispute Resolution
MDR #: M5.02.2799.01
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. Your case was reviewed by a physician who is a doctor of Chiropractic Medicine.

The physician reviewer **DISAGREES** with the determination of the insurance carrier in this case. The reviewer is of the opinion that the work hardening program for the period 02.12.01 through 03.27.01 **WAS MEDICALLY NECESSARY**.

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 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,

MEDICAL CASE REVIEW

This is for ___. I have reviewed the medical information forwarded to me concerning MDR #M5-02-2799-01, in the area of Chiropractic Medicine. The following documents were presented and reviewed:

A. MEDICAL INFORMATION REVIEWED:

1. Explanation of Reimbursement: 02/12/01-03/29/01.
2. Pre-authorization approval from ___, ten sessions, on

04/27/01, stating that medical necessity was met for the extension of work hardening services.

3. IME report from ____, stating the physician was unable to arrive at an impairment rating.
4. Letter by ____, outlining the improvement of the patient in MMH (manual materials handling) tasks at the ____, and warranting an extension of two weeks with goals of attaining a medium physical demand status.
5. Work hardening notes, Week 1 - Week 8.

B. BRIEF CLINICAL HISTORY:

The patient was injured on ____ while working for ____ as a maintenance man. The patient states he was called to assist another employee to move a heavy oak desk. The patient reported his injury and was treated at the _____. At the hospital, the patient had a CT performed which showed diskal trauma and was given medication.

The patient has been treating with ____ since 08/29/00. In an IME report, the physician was unable to arrive at an MMI or impairment. Work hardening was initiated on 02/12/01 after functional testing on 11/29/00.

C. DISPUTED SERVICES:

Work hardening services: 02/12/01, 02/14/01 through 02/16/01, 02/19/01 through 02/24/01, 02/27/01, 02/28/01, 03/01/01 through 03/03/01, 03/07/01 through 03/09/01, 03/12/01 through 03/16/01, 03/19/01, 03/20/01, 03/23/01, 03/26/01, 03/27/01.

D. DECISION:

I DISAGREE WITH THE INSURANCE CARRIER'S ISSUE OF NON-PAYMENT FOR WORK HARDENING SERVICES SPANNING THE DATES: 02/12/01 - 03/27/01, BASED UPON MEDICAL NECESSITY DUE TO RETROSPECTIVE UTILIZATION REVIEW.

E. RATIONALE OR BASIS FOR DECISION:

The patient met medical necessity for extension of work hardening services for ten (10) sessions on 03/27/01. Logic would dictate that if medical necessity was met six weeks into therapy, that it was met at its initiation. The patient was in a tertiary level of care at the onset of this therapy and was shown to have functional deficits in the functional testing that was performed on 11/29/00 that would have prevented him from entering the workforce in his occupational field.

I further believe that the therapy course of the patient is following nationally accepted guidelines of practice.

In the guidelines, for Unremitting Low Back Pain, *Guidelines for Multi-Disciplinary Spine Care Specialists*, published by the North American Spine Society: Work hardening is

outlined as an extremely appropriate secondary/ tertiary level of non-operative care for spinal injuries. The patient meets nationally accepted criteria for enrollment into a program like work hardening, and has shown success with this therapeutic application.

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.

I certify that I have no past or present relationship with the patient and no significant past or present relationship with the attending physician. I further certify that there is no professional, familial, financial, or other affiliation, relationship, or interest with the developer or manufacturer of the principal drug, device, procedure, or other treatment being recommended for the patient whose treatment is the subject of this review. Any affiliation that I may have with this insurance carrier, or as a participating provider in this insurance carrier's network, at no time constitutes more than 10% of my gross annual income.

Date: 30 September 2002