MDR Tracking Number: M5-02-2827-01

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 office visits and work conditioning was found to be medically necessary. The respondent raised no other reasons for denying reimbursement charges for the office visits and work conditioning.

This Finding and Decision is hereby issued this 8th 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 12/10/01 through 1/23/02 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 8th day of October 2002.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

RL/crl

September 24, 2002

Re: Medical Dispute Resolution
MDR #: M5-02-2827-01
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 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 conditioning and work hardening program and office visits from 12.10.01 through 01.23.02 **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 #M5-02-2827-01, in the area of Chiropractic. The following documents were presented and reviewed:

A. MEDICAL INFORMATION REVIEWED:

1. EOB's dated 12/10/01 to 01/23/02.
2. Peer review from ___ dated 10/28/01.
3. Evaluator reports from ___ dated 10/11/01, 12/13/01, 01/14/02, and 02/18/02.
4. Letter of rebuttal from ___ dated 12/14/01.
5. Work conditioning treatment notes.
6. Discharge summary from ___ of ___, dated 10/06/01.
7. Operative report dated 10/06/01.
8. Report of medical evaluation from ___ dated 02/07/02.
9. FCE's dated 12/06/01 and 01/31/02.

B. BRIEF CLINICAL HISTORY:

The patient injured her right knee when she fell on a wet floor on ___. She had one surgery to the right knee on February 27, 2001, performed by ___. The patient continued to have problems with her knee, and on October 6, 2001, ___ performed a second surgery to the knee. She received post-surgical rehab and was entered into a work conditioning program.

C. DISPUTED SERVICES:

Work conditioning and work hardening program, and office visits from 12/10/01 through 01/23/02.

D. DECISION:

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

E. RATIONALE OR BASIS FOR DECISION:

According to the medical records reviewed, the extent of the patient's injury (having required two surgeries to correct), and the patient's progression in her post-surgical rehab, I feel that the work conditioning and office visits were medically necessary. The patient's progression was documented by the FCE's of 12/04/01 and 01/29/02 which had the patient in a sedentary and light work category, respectively.

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: 19 September 2002