

MDR Tracking Number: M5-02-2845-01

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 (Division) assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent.

The Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that the work hardening rendered was not medically necessary.

Based on review of the disputed issues within the request, the Division has determined that work hardening fees were the only fees involved in the medical dispute to be resolved. As the treatment, (work hardening) was not found to be medically necessary, reimbursement for dates of service from 7/30/01 through 9/14/01 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 15th day of November 2002.

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division

CRL/crl

NOTICE OF INDEPENDENT REVIEW DECISION

October 10, 2002

Rosalinda Lopez
Program Administrator
Medical Review Division
Texas Workers Compensation Commission
4000 South IH-35, MS 48
Austin, TX 78704-7491

RE: MDR Tracking #: M5-02-2845-01
IRO Certificate #: 4326

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ___ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the rendered care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents

utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a matched peer with the treating health care professional. This case was reviewed by a health care professional licensed in chiropractic care.

___ health care professional has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to ___ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

The information provided indicated that this patient sustained a work related injury on ____. The patient complained of lower back pain and participated in a work hardening program from 07/03/01 through 09/14/01.

Requested Service(s)

Work hardening program 97545 and 97546 from 07/30/01 through 09/14/01.

Decision

It is determined that the work hardening program 97545 and 97546 from 07/30/01 through 09/14/01 was not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

It would have been appropriate for the expected efficacy of the work hardening program to have been established and accompanied by an initial comprehensive multi-disciplinary examination to determine the need for the proposed program. There was no evidence that functional testing was performed prior to the initiation of the program indicating the absence of measurement for lingering functional deficits and no clearly defined goals. Therefore, the medical necessity for the work hardening program has not been established based on the medical record documentation provided.

Sincerely,