MDR Tracking Number: M5-02-2965-01

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 work hardening and FCE were not medically necessary. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Division has determined that work hardening and FCE fees were the only fees involved in the medical dispute to be resolved. As the treatment was not found to be medically necessary, reimbursement for dates of service from 8/6/01 to 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 January 2003.

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division

CRL/crl

November 26, 2002/**AMENDED December 9, 2002**

Via Fax: 804-4811

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

Re: Medical Dispute Resolution
MDR #: M5.02.2965.01
IRO Certificate No.: IRO

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 Board Certified in Physical Medicine and Rehabilitation.

Clinical History:
This male claimant was injured on his job on ___, resulting in pain in his knee. In October 2000, x-ray revealed evidence of a fracture or dislocation and minimal degenerative changes. Later, MRI's showed a join effusion and possible ACL tear as well. The patient completed a work hardening program in September 2001, and was shown to be capable of returning to heavy-duty work.

Disputed Services:
Work hardening program from 08/06/01 through 09/13/01, and Functional Capacity Exam on 09/14/01.

Decision:
The reviewer agrees with the determination of the insurance carrier. The reviewer is of the opinion that the requested program and exam were not medically necessary in this case.

Rationale for Decision:
The reviewer's assessment of the records provided leads me to believe that this patient was probably capable of accomplishing all the goals without an extensive work hardening therapy program or further FCE. The patient's improvement could have been accomplished with a much simpler exercise program, even perhaps entirely in his home.

I am ___ 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.

Sincerely,