

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 **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 disputed office consultation, psychological testing, psychological interview, therapeutic activities and work hardening were found to be medically necessary. The respondent raised no other reasons for denying reimbursement.

This Order is hereby issued this 16th day of December 2002.

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 7/17/01 to 9/26/01.

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 16th day of December 2002.

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

DRM/nlb

November 21, 2002

David Martinez  
TWCC Medical Dispute Resolution  
4000 IH 35 South, MS 48  
Austin, TX 78704

MDR Tracking #: M5-02-3088-01  
IRO #: 5251

\_\_\_ has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this 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 care rendered to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed Doctor of Chiropractic. The \_\_\_ health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors 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 the dispute.

#### CLINICAL HISTORY

\_\_\_ was initially injured while performing duties as a flight attendant on \_\_\_. She received treatment that included medication and physical therapy until mid-December, 2001, at which time she returned to work. After approximately one month she had a return of her pain. She returned to \_\_\_ who referred her to \_\_\_. \_\_\_ initially prescribed physical therapy. On 7/17/01 \_\_\_ entered a work conditioning/work hardening program that was authorized by the claims manager. Payment was ultimately denied per retrospective utilization review by IME physicians \_\_\_ and \_\_\_.

## DISPUTED SERVICES

\_\_\_, is requesting payment for services rendered form 7/17/01 through 9/26/01. These services include office consultations, psychological testing and interviews, therapeutic activities and work conditioning/work hardening.

## DECISION

The reviewer disagrees with the prior adverse determination.

## BASIS FOR THE DECISION

Upon reviewing the records of the IME physicians, the reviewer sees no FCE performed to document \_\_\_ ability to perform her duties as a flight attendant. \_\_\_ performed an FCE showing deficiencies according to her job duties and subsequent improvement. The cursory physical exam and paper review performed by the IME physician are woefully inadequate to determine \_\_\_ functional capacity. As a result, the treatment performed by \_\_\_ from the dates of 7/17/01 through 9/26/01 were necessary, as documented by FCE and noted improvements during the course of treatment.

As an officer of \_\_\_, I certify that there is no known conflict between the reviewer, \_\_\_ and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

\_\_\_ is forwarding this finding by US Postal Service to the TWCC.

Sincerely,