MDR Tracking Number: M5-02-3114-01

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, the total amount recommended for reimbursement does not represent a majority of the medical fees of the disputed healthcare and therefore, the **requestor did not prevail** in the IRO decision. Consequently, the requestor is not owed a refund of 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 conditioning (from 8/20/01 through 9/17/01) and work hardening (from 9/19/01 through 10/8/01) were found to be medically necessary. The respondent raised no other reasons for denying reimbursement for these work conditioning and work hardening charges.

This Finding and Decision is hereby issued this 29th day of January 2003.

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 8/20/01 through 11/16/01 in this dispute.

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 29th day of January 2003.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

RL/cl

November 22, 2002 **Corrected**

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

MDR Tracking #: M5-02-3114-01
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 injured on the job ___. Shoulder surgery was performed on November 11, 2002 and again on April 5, 2001. Therapy and rehab were performed from May through July of 2001. Work conditioning was provided from August 20 through September 17, 2001. Work hardening was provided from October 8 through November 16, 2001.

DISPUTED SERVICES

Under dispute is a work conditioning and work hardening program for ___.

DECISION

The reviewer both agrees and disagrees with the prior adverse determination.

The reviewer found the work conditioning provided between August 20 through September 17, 2001 to be medically necessary. Work Conditioning provided beyond that date was found to be unnecessary.

The reviewer also found necessary the Work Hardening provided from September 19 through October 8, 2001. Work Hardening provided beyond that date was found to be unnecessary.

BASIS FOR THE DECISION

___ had reached MMI on or about September 19, 2001 and had met the criteria to return to work as a scan auditor, a sedentary light PDI. Work Hardening programs at other offices and in similar situations show a more personal one-on-one interdisciplinary involvement which documentation did not show. Also, given the fact that she was able to perform her job according to the FCE performed on September 19, 2001, Work Hardening was not considered medically necessary beyond that date.

Regarding work conditioning, documentation after 9/19/01 does not meet the standards of the TWCC for medical necessity.

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,