

MDR Tracking Number: M5-02-3166-01

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 **or January 1, 2003** 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 FCE and the work hardening program 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 the FCE and work hardening fees were the only fees involved in the medical dispute to be resolved. The requestor withdrew dates of service 9-7-01 and 12-18-01 as the insurance carrier paid for these services. As the treatment was not found to be medically necessary, reimbursement for dates of service from 12-24-01 through 1-30-02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 3rd day of April 2003.

Dee Z. Torres
Medical Dispute Resolution Officer
Medical Review Division

DZT/dzt

November 18, 2002

Re: Medical Dispute Resolution
MDR #: M5.02.3166.01
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 certified in chiropractic medicine.

Clinical History:

This male claimant reported on ___ pain in his left foot from repetitive traumas on his job.

Disputed Services:

FCE and work hardening program from 12/24/01 through 01/30/02.

Decision:

The reviewer agrees with the determination of the insurance carrier. The reviewer is of the opinion that the treatment in question was not medically necessary in this case.

Rationale for Decision:

There is no documented solid objective evidence that would deem the denied procedures medically necessary. The patient has responded extremely well to the orthotic inserts, stretching and the other prescribed physical therapy with the chiropractic care. The treating doctor's SOAP notes also documented release from care as of 12/30/01. The SOAP notes reveal no documented exacerbation of the injured area to merit care past 12/24/01.

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.

Sincerely,