

MDR Tracking Number: M5-03-0086-01

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 conditioning was 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 conditioning 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 8/27/01 to 10/18/01 is denied and the Division declines to issue an Order in this dispute.

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

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division

CRL/crl

December 9, 2002

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

Re: Medical Dispute Resolution
MDR #: M5-03-0086-01
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 injured his cervical and right shoulder while on his job on _____. Following treatment, he entered a work conditioning program.

Reported in an Independent Medical Evaluation performed on 09/06/01, the patient's manual muscle strength, shoulder range of motion, sensory evaluation, deep tendon reflexes, and orthopedic tests were all within normal limits.

Disputed Services:

Work hardening program from 08/27/01 through 10/18/01.

Decision:

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

Rationale for Decision:

After reviewing the results of the examination on 09/06/01, the reviewer failed to see the benefit to be gained from a work hardening program. Also, without an FCE having been performed prior to beginning the program, there is no baseline to show where the patient's functioning level was at that time. The only reason given by the treating doctor for the patient's entering a work hardening program was to return to the patient to his pre-accident status. This statement alone is insufficient on which to base medical necessity.

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,