

MDR Tracking Number: M5-04-0988-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General 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 dispute was received on 12-04-03. Per Rule 133.308(e)(1) dates of service 12-02-02 through 12-03-02 were not timely filed.

The Medical Review 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 hardening on 12-04-02 through 01-20-03 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 Medical Review Division has determined that medical necessity fees were the only fees involved in the medical dispute to be resolved. As the services listed above were not found to be medically necessary, reimbursement for dates of service 12-04-02 through 01-20-03 are denied and the Medical Review Division declines to issue an Order in this dispute.

This Finding and Decision is hereby issued this 23rd day of February 2004.

Debra L. Hewitt
Medical Dispute Resolution Officer
Medical Review Division
DLH/dlh

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

February 8, 2004

Re: IRO Case # M5-04-0988

Texas Worker's Compensation Commission:

___ has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule 133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to ___ for an independent review. ___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, ___ received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a Doctor of Chiropractic who is licensed by the State of Texas, and who has met the requirements for TWCC Approved Doctor List or has been approved as an exception to the Approved Doctor List. He or she has signed a certification statement attesting that no known conflicts of interest exist between him or her and any of the treating physicians or providers, or any of the physicians or providers who reviewed the case for a determination prior to referral to ___ for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the ___ reviewer who reviewed this case, based on the medical records provided, is as follows:

History

The patient injured his lower back in ___ when he and another person were lifting a 150-pound board. The patient has been treated with physical therapy, chiropractic treatment and work hardening.

Requested Service(s)

Work hardening 12/4/02 – 1/20/03

Decision

I agree with the carrier's decision to deny the requested treatment.

Rationale

The patient had received an extensive course of physical therapy and chiropractic treatment with minimal documented relief of symptoms or improved function prior to the dates in dispute. The documentation provided for this review did not show that that treatment had been beneficial to the patient. The documentation fails to show objective, quantifiable improvement either prior to or during the dates in dispute. The patient was placed at MMI on 11/19/02. Ongoing subjective complaints without objective findings do not support continued treatment past the MMI date. The records provided for this review failed to document the need for work hardening. The need for this type of treatment is based on a good response to past treatment with a goal to return to work. The patient failed to respond to therapy, and also had a goal of returning to college. Given the patient's limited response to a supervised therapy program, work hardening was not medically necessary. The patient did not intend to return to a heavy lifting job and was already retraining.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.