

MDR Tracking Number: M5-04-1098-01

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 12-15-03.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the issues of medical necessity. Therefore, upon receipt of this Order and in accordance with §133.308(r)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$650** 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 work hardening/conditioning (initial and additional hours) from 1/30/03 through 2/19/03 were found to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed service.

This Findings and Decision is hereby issued this 20th day of April 2004.

Regina L. Cleave
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 1/30/03 through 2/19/03 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 20th day of April 2004.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

RL/rlc

April 13, 2004

**NOTICE OF INDEPENDENT REVIEW DECISION
Amended Letter**

RE: MDR Tracking #: M5-04-1098-01

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). ___ IRO Certificate Number is 5348. Texas Worker's Compensation Commission (TWCC) Rule §133.308 allows for a claimant or provider to request an independent review of a Carrier's adverse medical necessity determination. TWCC assigned the above-reference case to ___ for independent review in accordance with this Rule.

___ has performed an independent review of the proposed care to determine whether or not the adverse determination was appropriate. Relevant medical records, documentation provided by the parties referenced above and other documentation and written information submitted regarding this appeal was reviewed during the performance of this independent review.

This case was reviewed by a practicing physician on the ___ external review panel. The reviewer has met the requirements for the ADL of TWCC or has been approved as an exception to the ADL requirement. This physician is board certified in physical medicine and rehabilitation. The ___ physician reviewer signed a statement certifying that no known conflicts of interest exist between this physician and any of the treating physicians or providers or any of the physicians or providers who reviewed this case for a determination prior to the referral to ___ for independent review. In addition, the ___ physician reviewer certified that the review was performed without bias for or against any party in this case.

Clinical History

This case concerns a female who sustained a work related injury on ____. The patient reported that while at work she struck her head on a metal cabinet injuring her head, neck and right shoulder. The patient was initially evaluated and diagnosed with myofascial trigger point tenderness in the cervical paravertebral muscles and the right trapezius muscles, and a hematoma on the right parietal area of her head. On 10/23/02 the patient underwent a cervical spine x-ray that was reported as normal. An MRI of the cervical spine on 11/22/02 showed reduction in lordosis, and multi level mild bulges with no significant canal stenosis with the foramina appearing adequate throughout. On 11/4/02 the patient began active and passive physical therapy with chiropractic treatment. On 1/15/03 the patient began a work conditioning/hardening program.

Requested Services

Work hardening/conditioning initial, work hardening/conditioning each additional hour from 1/30/03 through 2/19/03.

Decision

The Carrier's determination that these services were not medically necessary for the treatment of this patient's condition is overturned.

Rationale/Basis for Decision

The ___ physician reviewer noted that this case concerns a female who sustained a work related injury to her neck and right shoulder. The ___ physician reviewer indicated that the patient had been treated with a work hardening program from 2/13/03 through 2/19/03. The ___ physician reviewer explained that a work hardening program that includes a cognitive/behavioral approach plus physical training, is effective in reducing the numbers of sick days for patients with back pain (Schonstein et al; Cochrane: Review-Cochrane Library Issue 2: 2003). The ___ physician reviewer also explained that the patient was receiving therapy that included work simulated activities as well as cognitive/behavioral therapy, and had made steady improvement in her work capacity. The ___ physician reviewer further explained that the patient demonstrated improvement in range of motion and lifting strength between 2/13/03 through 2/19/03 and had improved her work status from sedentary to light duty. Therefore, the ___ physician consultant concluded that the Work hardening/conditioning initial, work hardening/conditioning each additional hour from 1/30/03 through 2/19/03 were medically necessary to treat this patient's condition.

Sincerely,