MDR Tracking Number: M5-04-1106-01

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 (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 **12-16-03**.

The Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the majority of the medical necessity issues. 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 was the only issue** to be resolved. The office visits, hot and cold packs therapy, therapeutic exercises, and electrical stimulation from 6/9/03-6/27/03 were found to be medically necessary. The work hardening treatments from 7/9/03-7/25/03 were not found to be medically necessary. The respondent raised no other reasons for denying reimbursement for the office visits, hot and cold packs therapy, therapeutic exercises, electrical stimulation, and work hardening treatment.

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 **6/9/03 through 6/27/03** 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 Decision and Order is hereby issued this 27th day of February 2004.

Regina Cleave
Medical Dispute Resolution Officer
Medical Review Division
RC/rc

NOTICE OF INDEPENDENT REVIEW DETERMINATION

MDR Tracking Number: M5-04-1106-01
IRO Certificate No.: 5259

February 20, 2004

An independent review of the above-referenced case has been completed by a chiropractic doctor. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria

published by ___, or by the application of medical screening criteria and protocols formally established by practicing physicians.

All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

___hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to ___.

CLINICAL HISTORY

Patient received physical medicine treatments and work hardening after injuring her low back while lifting items out of box at work on ___.

REQUESTED SERVICE (S)

Office visits, hot/cold packs, therapeutic exercises, electrical stimulation and work hardening from 6/9/03 to 7/25/03.

DECISION

All office visits, hot/cold packs, therapeutic exercises and electrical stimulation for the specified dates are approved. All work hardening treatment is denied.

RATIONALE/BASIS FOR DECISION

The history, examination and treatment records document the medical necessity for the office visits, hot/cold packs, therapeutic exercises and electrical stimulation treatments. However, the hasty shift to work hardening treatment is not supported, was at the very least premature (beginning after only three weeks of care) and thus had no real chance of offering a beneficial result. The doctor's letter dated December 5, 2003 (page 5) states that "remodeling-rehab" should begin at "Weeks 7-12" which confirms that the work hardening treatment was premature and therefore medically unnecessary.