

THIS DECISION HAS BEEN APPEALED. THE FOLLOWING IS THE RELATED SOAH DECISION NUMBER:

SOAH DOCKET NO. 453-04-7158.M5

MDR Tracking Number: M5-04-1938-01

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 3-01-04.

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 office visits and work hardening program from 8/15/03 through 10/20/03 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 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 8/15/03 through 10/20/03 are denied and the Medical Review Division declines to issue an Order in this dispute.

This Decision is hereby issued this 3rd day of June 2004.

Regina L. Cleave
Medical Dispute Resolution Officer
Medical Review Division

RLC/rlc

NOTICE OF INDEPENDENT REVIEW DECISION

May 13, 2004

MDR Tracking #: M5-04-1938-01
IRO Certificate #: IRO4326

The ___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ___ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the rendered care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a matched peer with the treating health care professional. This case was reviewed by a health care professional licensed in Chiropractic Medicine. ___'s health care professional has signed a certification statement stating 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 the referral to ____ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This patient sustained a work-related injury on ____ when she was reaching overhead while standing on a shelf. She pulled her lower back and twisted her knee on the way down. X-rays performed on 05/06/03 revealed a normal lumbar spine and normal right knee. An MRI performed on 05/29/03 revealed a small disc protrusion at L4-5 with a small annular tear. In addition there was mild hypertrophy involving both facet joints at L4-5. Treatment included work hardening from 08/15/03 through 10/20/03.

Requested Service(s)

Level III office visits and work hardening program from 08/15/03 through 10/20/03

Decision

It is determined that the level III office visits and work hardening program from 08/15/03 through 10/20/03 were not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

Based on the medical record documentation submitted for review, including computer generated work hardening notes, there are no daily notes from the treating doctor that would substantiate the medical necessity for the level III office visits and work hardening program that were provided from 08/15/03 through 10/20/03.

Sincerely,