

MDR Tracking Number: M5-04-2587-01

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 April 16, 2004.

Correspondence submitted by ___ revealed ___ desires to withdrawal the fee issues. Therefore no further action is required for CPT codes 97545-WH-AP, 97456-WH-AP and 97750-FC rendered on 5/5/03 through 6/5/03 and 6/13/03.

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 hardening, and the medical disability exam 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 was the only issue** to be resolved. As the work hardening, and the medical disability exam were not found to be medically necessary, reimbursement for dates of service rendered 6/9/03, 6/10/03 and 7/21/03 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 22nd day of October 2004.

Margaret Q. Ojeda
Medical Dispute Resolution Officer
Medical Review Division

MQO/mqo

June 17, 2004

David Martinez
TWCC Medical Dispute Resolution
7551 Metro Center Suite 100
Austin, TX 78744

Patient:
TWCC #:
MDR Tracking #: M5-04-2587-01
IRO #: 5284

Specialty IRO has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to Specialty IRO for independent review in accordance with TWCC Rule 133.308 which allows for medical dispute resolution by an IRO.

Specialty IRO has performed an independent review of the care rendered to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

This case was reviewed by a licensed Chiropractor. The Specialty IRO health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to Specialty IRO for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

CLINICAL HISTORY

___ received extensive physical medicine treatments, including a work hardening program, after injuring his left knee and spine in a motor vehicle accident on ___.

DISPUTED SERVICES

The items in dispute are the retrospective medical necessity of work hardening/conditioning, work hardening each additional hour and work related or medical disability exam on 6-09-2003, 6-10-2003 and 7-21-2003.

DECISION

The reviewer agrees with the previous adverse determination.

BASIS FOR THE DECISION

The reviewer states that the records fail to document that this patient was a candidate for work hardening. Therefore, the treatment on the specific dates of 6-09-2003 and 6-10-2003 was medically unnecessary. The 7-21-2003 Medical Disability Examination was not medically necessary since it closely followed the 6-17-2003 final Functional Capacity Evaluation and immediately precede the 7-31-2003 impairment rating examination and thus would not yield any significant additional or different information.

Specialty IRO has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. Specialty IRO has made no determinations regarding benefits available under the injured employee's policy.

As an officer of Specialty IRO, Inc, dba Specialty IRO, I certify that there is no known conflict between the reviewer, Specialty IRO and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

Sincerely,