

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

SOAH DOCKET NO. 453-05-3365.M5

MDR Tracking Number: M5-04-4081-01

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 7-29-04.

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 work hardening program from 3/01/04 through 3/12/04 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, the request for reimbursement for dates of service 3/01/04 through 3/12/04 is denied and the Medical Review Division declines to issue an Order in this dispute.

This Findings and Decision is hereby issued this 26th day of November 2004.

Regina L. Cleave
Medical Dispute Resolution Officer
Medical Review Division

RLC/rlc

NOTICE OF INDEPENDENT REVIEW DECISION

October 27, 2004

Program Administrator
Medical Review Division
Texas Workers Compensation Commission
7551 Metro Center Drive, Suite 100, MS 48
Austin, TX 78744-1609

RE: Injured Worker:
MDR Tracking #: M5-04-4081-01
IRO Certificate #: IRO4326

The Texas Medical Foundation (TMF) 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 TMF for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

TMF 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 care. TMF'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 TMF 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 25 year-old male injured his back on ____ when he slipped on a piece of pipe and fell onto his back. He has been treated with therapy, work hardening and steroid injection to the lumbar spine.

Requested Service(s)

Work hardening program for dates of service 03/01/04 through 03/12/04

Decision

It is determined that there is no medical necessity for the work hardening program to treat this patient's medical condition.

Rationale/Basis for Decision

Medical record documentation indicates this patient received therapeutic exercises three times per week starting 07/21/03 through 02/06/04. This represents over six months of active therapy in addition to the passive therapy, medication and injection therapy he received. National treatment guidelines allow for this type of treatment for these types of injuries but not to the magnitude, frequency and duration this patient received.

The functional capacity evaluation performed on 02/16/04 indicated he was capable of work at a sedentary level. By this time the patient should have been properly instructed in a home exercise program. This patient was placed at maximum medical improvement on 02/01/04 with a 10% whole person impairment rating. Therefore, the work hardening program for dates of service 03/01/04 through 03/12/04 were not medically necessary to treat this patient's medical condition.

Sincerely,