

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 September 2, 2004.

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 \$650.00** 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 program rendered on 9/8/03 through 10/17/03 was found to be medically necessary.

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

Margaret Q. Ojeda
Medical Dispute Resolution Officer
Medical Review Division

ORDER

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 9/8/03 through 10/17/03 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 22nd day of October 2004.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

RL/mqo

Enclosure: IRO decision

October 12, 2004

TEXAS WORKERS COMP. COMMISSION
AUSTIN, TX 78744-1609

CLAIMANT:

EMPLOYEE:

POLICY: M5-05-0060-01

CLIENT TRACKING NUMBER: M5-05-0060-01

Medical Review Institute of America (MRIOA) has been certified by the Texas Department of Insurance as an Independent Review Organization (IRO). The Texas Workers Compensation Commission has assigned the above mentioned case to MRIOA for independent review in accordance with TWCC Rule 133 which provides for medical dispute resolution by an IRO.

MRIOA has performed an independent review of the case in question 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. Itemization of this information will follow.

The independent review was performed by a peer of the treating provider for this patient. The reviewer in this case is on the TWCC approved doctor list (ADL). The reviewer has signed a statement indicating they have no known conflicts of interest existing between themselves and the treating doctors/providers for the patient in question or any of the doctors/providers who reviewed the case prior to the referral to MRIOA for independent review.

Records Received:

Records Received from the State:

- Notification of IRO Assignment, dated 09/30/04
- Texas Workers' Compensation Form, dated 09/30/04
- Medical Dispute Resolution Request/Response, undated
- Explanation of Payments from Liberty Mutual, dated 03/11/04

Records Received from North Texas Rehabilitation Center:

- Letter from Medical Necessity, dated 09/27/04
- Texas Workers' Compensation Work Status Report, dated 12/12/03
- Letter from Dr. Cunningham, dated 03/26/03
- MRI Scan - Cervical Spine, dated 03/03/03
- Psychological Evaluation, dated 09/10/03
- Functional Abilities Evaluation, dated 08/19/03
- Range of Motion and Grip Testing, dated 08/19/03
- Neck Disability Index, dated 08/19/03
- Dallas Pain Questionnaire, undated
- Work Hardening Treatment Plan, dated 09/08/03
- Daily Notes/Team Meeting, dated 09/08/03-09/12/03
- North Texas Rehabilitation Center Weekly Questionnaire Sheet, dated 09/12/03
- Schedule, dated 09/08/03-09/12/03

- Posture Exercises, dated 09/08/03–09/12/03
- Weekly Cardiovascular Sheet, dated 09/12/03
- Health Management Program Aerobic Recommendations, dated 08/22/03
- Health Management Program Weight Training Schedule, dated 08/22/03
- Productivity Index, undated
- Daily Medication Sheet, dated 09/08/03–09/12/03
- Group Progress Note, dated 09/10/03
- Work Hardening Progress Note Week #2, dated 09/19/03
- Daily Notes/Team Meeting, undated
- North Texas Rehabilitation Center Weekly Questionnaire Sheet, dated 09/19/03
- Schedule, dated 09/15/03–09/19/03
- Posture Exercises, dated 09/19/03
- Weekly Cardiovascular Sheet, dated 09/19/03
- Health Management Program Aerobic Recommendations, dated 09/15/03
- Health Management Program Weight Training Schedule, dated 09/15/03
- Productivity Report, undated
- Daily Medication Sheet, dated 09/15/03–09/19/03
- Work Hardening Progress Note Week #3, dated 09/26/03
- Daily Notes/Team Meeting, dated 09/22/03–09/26/03
- Schedule, dated 09/22/03–09/26/03
- Posture Exercises, undated
- Productivity Report, undated
- Weekly Cardiovascular Sheet, dated 09/22/03
- Health Management Program Aerobic Recommendations, dated 09/19/03
- Health Management Program Weight Training Schedule, dated 09/19/03
- Daily Medication Sheet, dated 09/22/03–09/26/03
- North Texas Rehabilitation Center Weekly Questionnaire Sheet, dated 09/26/03
- Group Progress Note, dated 09/24/03
- Physical Performance Evaluation, dated 09/23/03
- Range of Motion and Grip Testing, dated 09/23/03
- Neck Disability Index, dated 09/23/03
- Dallas Pain Questionnaire, dated 09/23/03
- Work Hardening Progress Note Week #4, dated 10/03/03
- Group Progress Note, dated 10/01/03
- Daily Notes/Team Meeting, dated 09/29/03–10/03/03
- North Texas Rehabilitation Center Weekly Questionnaire Sheet, undated
- Productivity Index, undated
- Posture Exercises, dated 10/03/03
- Weekly Cardiovascular Sheet, dated 10/03/03
- Health Management Program Aerobic Recommendations, dated 09/26/03
- Health Management Program, Weight Training Schedule, dated 09/26/03
- Daily Medication Sheet, dated 09/29/03–10/03/03
- Schedule, dated 09/29/03–10/03/03
- Work Hardening Progress Note Week #5, dated 10/10/03
- Daily Notes/Team Meeting, dated 10/06/03–10/10/03
- North Texas Rehabilitation Center Weekly Questionnaire Sheet, dated 10/10/03

- Posture Exercises, dated 10/10/03
- Schedule, dated 10/06/03–10/10/03
- Weekly Cardiovascular Sheet, dated 10/10/03
- Health Management Program Aerobic Recommendations, dated 10/01/03
- Health Management Program Weight Training Schedule, dated 10/01/03
- Productivity Index, undated
- Daily Medication Sheet, dated 10/07/03–10/11/03
- Group Progress Note, dated 10/08/03
- Work Hardening Discharge Note Week #6, dated 10/17/03
- Daily Notes/Team Meeting, dated 10/13/03–10/17/03
- Group Progress Note, dated 10/15/03
- North Texas Rehabilitation Center Weekly Questionnaire Sheet, dated 10/17/03
- Productivity Index, undated
- Posture Exercises, dated 10/17/03
- Weekly Cardiovascular Sheet, dated 10/17/03
- Health Management Program Aerobic Recommendations, dated 10/10/03
- Health Management Program Weight Training Schedule, dated 10/10/03
- Daily Medication Sheet, dated 10/13/03–10/17/03
- Schedule, dated 10/13/03–10/17/03
- Functional Abilities Evaluation, dated 10/16/03
- Range of Motion and Grip Testing, dated 10/16/03
- Neck Disability Index, dated 10/16/03
- Dallas Pain Questionnaire, dated 10/16/03

Summary of Treatment/Case History:

The patient is a 24-year-old woman right hand dominant injured _____. She injured her left neck and shoulder when unloading a trailer. MRI cervical spine on 3/3/03 revealed nonspecific straightening of the normal cervical lordosis, 2–3 mm midline disc protrusion at C4–5 with effacement of the ventral subarachnoid space and perhaps minimal indentation of the ventral cord surface at the midline. The patient had a surgical consult at Dallas Spine Care on 3/26/03 where she was evaluated by Dr. Benjamin Cunningham. His impression was as follows:

1. Axial neck pain
2. Herniated nucleus propulsus C4 C5
3. Left shoulder impingement
4. Subtle instability (not meeting strict numerical criteria)

The patient underwent 6 weeks of a work hardening program at North Texas Rehabilitation Center from 9/8/03 to 10/17/03. The program included aerobic training, weight training, psychological counseling by an LPC, and work simulation.

Questions for Review:

1. Please address medical necessity for work hardening CPT codes #97545–WH, #97546–WH.

Explanation of Findings:

Question 1: Please address medical necessity for work hardening CPT codes #97545-WH, #97546-WH.

Work hardening in this case was medically necessary. Prior to 9/8/03 she had been restricted from work since 2/18/03. There was subjective and objective improvement noted after completion of the work hardening program in addition to release to work with no restriction as of 12/15/03. Objective improvement is evidenced by the record of increased range of motion in the left shoulder and cervical spine, increase in dynamic lifting, endurance, cardiovascular and work simulation.

Conclusion/Decision to Certify:

The decision is to certify services as medically necessary.

Applicable Clinical of Scientific Criteria or Guidelines Applied in Arriving at Decision:

The patient had measurable objective findings that showed improvement by the end of the WH program (refer to explanation of findings).

References Used in Support of Decision:

Physical Medicine and Rehabilitation, 2nd Edition, 2000, Richard L. Braddom, M.D.

The physician providing this review is board certified in Physical Medicine & Rehabilitation. The reviewer holds additional certification in Pain Management. The reviewer is also a member of the Physiatric Association of Spine, Sports and Occupational Rehabilitation. The reviewer is active in research and publishing within their field of specialty. The reviewer currently directs a Rehabilitation clinic.

MRIOA is forwarding this decision by mail, and in the case of time sensitive matters by facsimile, a copy of this finding to the treating provider, payor and/or URA, patient and the TWCC.

It is the policy of Medical Review Institute of America to keep the names of its reviewing physicians confidential. Accordingly, the identity of the reviewing physician will only be released as required by state or federal regulations. If release of the review to a third party, including an insured and/or provider, is necessary, all applicable state and federal regulations must be followed.

Medical Review Institute of America retains qualified independent physician reviewers and clinical advisors who perform peer case reviews as requested by MRIOA clients. These physician reviewers and clinical advisors are independent contractors who are credentialed in accordance with their particular specialties, the standards of the American Accreditation Health Care Commission (URAC), and/or other state and federal regulatory requirements.

The written opinions provided by MRIOA represent the opinions of the physician reviewers and clinical advisors who reviewed the case. These case review opinions are provided in good faith, based on the medical records and information submitted to MRIOA for review, the published scientific medical literature, and other relevant information such as that available through federal agencies, institutes and professional

associations. Medical Review Institute of America assumes no liability for the opinions of its contracted physicians and/or clinician advisors. The health plan, organization or other party authorizing this case review agrees to hold MRloA harmless for any and all claims, which may arise as a result of this case review. The health plan, organization or other third party requesting or authorizing this review is responsible for policy interpretation and for the final determination made regarding coverage and/or eligibility for this case.

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