

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution-General, 133.307 titled Medical Dispute Resolution of a Medical Fee Dispute, 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. This dispute was received on 11-9-04.

The IRO reviewed work hardening program from 1-20-04 to 2-12-04.

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 \$460.00** 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.

The above Findings and Decision is hereby issued this 21st day of January 2005.

Dee Z. Torres
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 outlined above Per the TWCC reimbursement methodologies for Return to Work Rehabilitation Programs for dates of service on or after August 1, 2003 per Commission Rule 134.202(e)(5); 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 1-20-04 through 2-12-04 as outlined above.

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 21st day of January 2005.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

Enclosure: IRO Decision

NOTICE OF INDEPENDENT REVIEW DECISION

January 14, 2005

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 #: M5-05-0833-01
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 Medicine. 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 41 year-old female injured her neck, mid-back, and low back on ___ when she attempted to lift a 50 pound bag of soil out of the bottom of a shopping cart. She has been treated with medication and therapy.

Requested Service(s)

Work hardening for dates of service 01/20/04 through 02/12/04

Decision

It is determined that there is medical necessity for the work hardening for dates of service 01/20/04 through 02/12/04 to treat this patient's medical condition.

Rationale/Basis for Decision

This patient's job required her to function at the medium physical demand level. She was started on a course of chiropractic and physical therapy and then enrolled in a six-week course of work hardening. At the completion of this six-week course she tested at a light-medium physical demand level. She was then enrolled in an additional 10 session of work hardening and was able to meet her medium physical demand level requirements upon its completion. Medical record documentation indicates the additional

work hardening helped return her to work at her prescribed physical demand level. Therefore, the work hardening for dates of service 01/20/04 through 02/12/04 were medically necessary to treat this patient's medical condition.

Sincerely,

A handwritten signature in black ink that reads "Gordon B. Strom, Jr." in a cursive, slightly slanted script.

Gordon B. Strom, Jr., MD
Director of Medical Assessment

GBS:dm

Attachment

Information Submitted to TMF for TWCC Review

Patient Name:

TWCC ID #: M5-05-0833-01

Information Submitted by Requestor:

- Work Hardening
- Treatment Records
- Independent Review Organizations Summary
- Diagnostic Tests
- Consult

Information Submitted by Respondent:

- Letters of Medical Necessity
- Progress Notes
- Consult
- Diagnostic Tests
- Treatment Records
- Work Hardening
- Miscellaneous Information