

**THIS DECISION HAS BEEN APPEALED. THE FOLLOWING
IS THE RELATED SOAH DECISION NO.:**

SOAH DOCKET NO. 453-04-6406.M5

MDR Tracking Number: M5-03-0061-01

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 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 8/22/02.

I. DISPUTE

Whether there should be reimbursement for a work hardening program, 97545-WH and 97546-WH, from 12/27/01 through 2/7/02 denied by the carrier on the basis of “N” – documented services do not meet minimum fee guideline... based upon peer review.

II. RATIONALE

The respondent submitted a peer review, dated 6/12/02, from Dorothy Ann Leong, M.D., who reviewed the medical necessity of the disputed services. The services were denied, per EOB, on the basis that the “services do not meet the minimum fee guideline”. No mention was made by Dr. Leong about whether or not the services delivered, appropriately followed the requirements of the 1996 Medical Fee Guideline. On this basis, these services will be reviewed under the 1996 Medical Fee Guideline.

The 1996 Medical Fee Guideline (II)(E) defines work hardening as “A highly structured, goal-oriented, individualized treatment program designed to maximize the ability of the persons served to return to work. Work Hardening programs are interdisciplinary in nature with a capability of addressing the functional, physical, behavior, and vocational needs of the injured worker....Work Hardening programs use real or simulated work activities in a relevant work environment in conjunction with physical conditioning tasks...”

The requestor only provided notes for the work hardening dated 1/10/02, 1/29/02 and 2/5/02. These notes did not fully support that services such as physical conditioning, work simulation and individual therapy were part of the program. On this basis, the documentation provided by the requestor does not support that a multi-disciplinary work hardening program was delivered to the injured worker and reimbursement is not recommended.

Rule 133.307 (g)(3) states,

(3) If the request contains only medical fee disputes, the commission shall notify the parties and require the requestor to send to the commission, two copies of

additional documentation relevant to the fee dispute. The additional documentation shall include:...

(B) a copy of any pertinent medical records or other documents relevant to the fee dispute;

For all other dates of service from 12/27/01 through 2/7/02, no medical documentation was available to verify delivery of service. On this basis reimbursement is not recommended.

III. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is not** entitled to reimbursement for 97545-WH and 97546-WH, from 12/27/01 through 2/7/02 .

The above Findings and Decision are hereby issued this 27th day of April 2004.

Noel L. Beavers
Medical Dispute Resolution Officer
Medical Review Division

NLB/nlb