MDR Tracking Number: M5-03-0073-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective January 1, 2002 and Commission Rule 133.305 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 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 work hardening 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 Division has determined that the work hardening fees were not the only fees involved in the medical dispute to be resolved.

Per Commission Rule 133.307(g)(3), the Division notified the parties and required the requestor to submit two copies of additional documentation relevant to the fee dispute. The 14-day Notice was mailed on 1-3-03 and the carrier representative signed for the copy on 1-6-03. The 14-day Notice was faxed to the requestor on 2-12-03 and the requestor did not respond to the Notice. Therefore, the fee portion will be reviewed with the documentation included in the original dispute.

CPT code 97750-FC was billed on 8-17-01 and a partial payment was made with denial code "C – paid in accordance with affordable PPO." Per TWCC Rule 413.016 (b) …If the insurance carrier reduced a charge of a health care provider that was within the guidelines, the insurance carrier shall be directed to submit the difference to the provider unless the reduction is in accordance with an agreement between the health care provider and the insurance carrier." PPO reductions are not valid medical disputes and must be addressed with the insurance carrier. Therefore, all disputed dates of service with denial code of "C" will not be addressed in this dispute.

CPT code 97750-FC was billed on 8-17-01 and denied as "F – FCE's are allowed 3 times per injured worker. The 1st FCE has a maximum reimbursable amount of $500 and 2 subsequent FCE's have a maximum reimbursable amount of $200 per page 35 Medicine section, 4-01-96 Texas Medical Fee Guideline." Documentation submitted supports this FCE was an interim or discharge FCE and as such, no additional reimbursement can be recommended.

CPT code 99213 was billed on 8-20-01 and CPT code 99213-MP was billed on 11-14-01. Both were denied as "F – reimbursement for your resubmitted invoice

has been considered. No additional monies are being paid at this time. Bill has been paid according to PPO contract." No documentation was submitted to support either claim; therefore, no additional reimbursement can be recommended.

The above Findings and Decision is hereby issued this 1st day of April 2003.

Dee Z. Torres
Medical Dispute Resolution Officer
Medical Review Division

December 17, 2002

Texas Workers' Compensation Commission
Medical Dispute Resolution
4000 South IH-35, MS 48
Austin, TX 78704-7491

Re: Medical Dispute Resolution
MDR#: M5-03-0073-01
IRO Certificate No.: 5055

Dear:

___ has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, ___ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a physician who is Board Certified in Physical Medicine and Rehabilitation.

Clinical History:
This female claimant injured her back on her job on ___. She experienced immediate back pain and sought treatment on 04/30/01. She was diagnosed with cervical sprain/strain, shoulder sprain/strain, and sciatica (with disc) and has undergone physical therapy and work hardening.

Disputed Services:
Work hardening from 08/15/01 through 08/16/01.

Decision:
The reviewer agrees with the determination of the insurance carrier in this case. The reviewer is of the opinion that the program in question was not medically necessary.

Rationale for Decision:
The reviewer found no substantiating information regarding the sciatica (with disc) diagnosis. The sprain/strain injury is noted to resolve in the vast majority of cases (85% of the time) within six weeks and is supported by *Spine*, 1995; "Scientific Monograph of Quebec Task Force," W. O. Spitzar, et al. The reviewer concluded that the patient's cervical and shoulder problems incurred on 04/27/01 would most likely have resolved by the middle of June 2001. The dates of service of 08/15/01 and 08/16/01 are clearly beyond this point. Additionally, the reviewer questions the necessity of a work hardening program in order to treat a "slight pain in the lower back" which decreased following the work hardening appointment.

I am the Secretary and General Counsel of ___ and I certify that the reviewing healthcare professional in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

Sincerely,