

**THIS DECISION HAS BEEN APPEALED. THE FOLLOWING  
IS THE RELATED SOAH DECISION NUMBER:  
SOAH DOCKET NO. 453-03-2571.M5**

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 Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

**I. DISPUTE**

1. a. Whether there should be reimbursement for work conditioning, report, and office visits.
- b. The request was received on August 27, 2002.

**II. EXHIBITS**

1. Requestor, Exhibit 1:
  - a. TWCC 60 and Letter Requesting Dispute Resolution
  - b. HCFA's
  - c. EOB
  - d. Medical Records
  - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit 2:
  - a. TWCC 60 and/or Response to a Request for Dispute Resolution
  - b. Audit summaries/EOB
3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on December 17, 2002. Per Rule 133.307 (g) (4) or (5), the carrier representative signed for the copy on December 17, 2002. The response from the insurance carrier was received in the Division on December 27, 2002. Based on 133.307 (i) the insurance carrier's response is timely.
4. Notice of Medical Dispute is reflected as Exhibit #3 of the Commission's case file.

**III. PARTIES' POSITIONS**

1. Requestor: The requestor states in the correspondence dated September 13, 2002 that... “...Patient was involved in an MVA rollover, fatality. He was the driver. He sustained head, cervical, shoulder and knee damage. He was treated conservatively. He did not require surgery of any kind. He has been released and has returned to full duty capacit

I feel his care was reasonable and necessary. Please see the attached documentation, hospital records and ancillary provider documentation. Also enclosed is the police report indicating the severity of the accident.

[Insurance Carrier] has taken it upon itself to arbitrarily stop paying for therapy despite this care being in line with TWCC guidelines. Please review all enclosed material...”

2. Respondent: The respondent states in the correspondence dated December 24, 2002 that... “...The requestor billed the carrier for work hardening beginning on 8/27/01 – 9/6/01, based on a lack of documentation to support the provision of any real or simulated work activities. Without real or simulated work activities, no reimbursement for work hardening program is due based on the 4/1/96 Medical Fee Guidelines that define work hardening...”

**IV. FINDINGS**

1. Based on Commission Rule 133.307(d) (1) (2), the only dates of service eligible for review are those commencing on August 27, 2001 and extending through September 6, 2001.
2. Per the submitted reconsideration HCFA-1500s the disputed treatment is work conditioning not work hardening as supposed by the respondent.
3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS (Maximum Allowable Reimbursement)	REFERENCE	RATIONALE:
08/27/01	97545-WC	\$72.00	\$0.00	N	\$36/hr x 14 hrs = \$504.00	MFG/MGR (II)(D)  Rule 408.021(a)	Requestor submitted daily work conditioning notes documenting services rendered as billed. Reimbursement in the amount of \$504.00 is recommended.
08/28/01	97545-WC	\$72.00	\$0.00	N			
08/29/01	97545-WC	\$72.00	\$0.00	N			
08/30/01	97545-WC	\$72.00	\$0.00	N			
09/04/01	97545-WC	\$72.00	\$0.00	N			
09/05/01	97545-WC	\$72.00	\$0.00	N			
09/06/01	97545-WC	\$72.00	\$0.00	N			

08/27/01	97546-WC	\$72.00	\$0.00	N	\$36/hr x 13 hrs = \$468.00	MFG/MGR (II)(D)  Rule 408.021(a)	Requestor submitted daily work conditioning notes documenting services rendered as billed. Reimbursement in the amount of \$468.00 is recommended.
08/28/01	97546-WC	\$72.00	\$0.00	N			
08/29/01	97546-WC	\$72.00	\$0.00	N			
08/30/01	97546-WC	\$36.00	\$0.00	N			
09/04/01	97546-WC	\$72.00	\$0.00	N			
09/05/01	97546-WC	\$72.00	\$0.00	N			
09/06/01	97546-WC	\$72.00	\$0.00	N			
08/30/01	99213	\$50.00	\$0.00	G	\$48.00	MFG, E/M Ground Rules (I)(VI)(B)  CPT Descriptor	Office visits are not considered global. A global denial is used for surgical procedures. Office notes for the dispute dates of service support reimbursement per the MFG. Reimbursement in the amount of \$96.00 is recommended.
09/04/01	99213	\$50.00	\$0.00	G			
08/30/01	99080	\$15.00	\$0.00	F	\$15.00	Rule 129.5  Rule 133.106(f)(1)	Requestor did not submit TWCC-73 for review; therefore, reimbursement is not recommended.
<b>Totals</b>		\$1,087.00	\$0.00				The Requestor is entitled to reimbursement in the amount of <b>\$1,068.00.</b>

**VI. ORDER**

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$1,068.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

This Order is hereby issued this 06th day of February 2003.

Marguerite Foster  
 Medical Dispute Resolution Officer  
 Medical Review Division

MF/mf