

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 2/11/02.

I. DISPUTE

Whether there should be reimbursement for work hardening 97545 WH and 97546 WH, electrical stimulation 97014, massage therapy 97124, regional manipulation 97260, mechanical traction 97012 from 2/14/01 through 3/12/01.

II. RATIONALE

The requestor provided Therapeutic Procedures Charts to document physical therapy for date of Service 2/16/01. This date of service falls outside the first eight weeks of physical therapy. Pre-authorization is required. Therefore, reimbursement for the physical therapy services is not recommended.

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 provided activity notes for the physical therapy indicating that on each day of treatment the injured worker was involved in several hours of physical conditioning and work simulation. The requestor also submitted notes verifying the injured workers was involved in individual therapy as part of the program. On this basis, the documentation provided by the requestor supports that a multi-disciplinary work hardening program was delivered to the injured worker.

CPT code 97545-WH (16 dates of service, 32 units). Per the 1996 Medical Fee Guideline, Medicine Ground Rule (II)(D), requestor has daily work hardening notes to support the work hardening program. Reimbursement at the non-CARF rate is recommended ($\$51.20 \times 28 = \$1,433.60$).

CPT code 97546-WH (13 dates of service, 43 units). Per the 1996 Medical Fee Guideline, Medicine Ground Rule (II)(D), requestor has submitted daily work hardening notes to support the work hardening program. Reimbursement at the non-CARF rate is recommended ($\$51.20 \times 43 = \$2,201.60$).

III. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for 97545 WH and 97546 WH in the amount of **\$3,635.20** Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$3,635.20** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 31st day of October, 2003.

Noel L. Beavers
Medical Dispute Resolution Officer
Medical Review Division

Roy Lewis, Supervisor
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RL/nlb