

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 assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent.

The IRO reviewed work hardening program rendered from 1-28-02 to 2-20-02 that were denied based upon "U".

The Medical Review Division has reviewed the IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. Consequently, the requestor is not owed a refund of the paid IRO fee.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was not the only issue** to be resolved.

This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On February 4, 2003, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice.

The following table identifies the disputed services and Medical Review Division's rationale:

The insurance carrier submitted EOBs on 3-7-03 that indicate that all dates of service were denied based upon not medically necessary; however, the IRO report was generated on 1-13-03. The insurance carrier did not submit these EOBs upon receipt of the Notice of Dispute Resolution per Rule 133.307(e)(2); therefore, this review will be limited to the original EOB denials.

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
1-7-02 1-8-02 1-9-02 1-10-02 1-11-02 1-14-02 1-15-02 1-17-02 1-18-02 1-21-02 1-22-02 1-23-02 1-24-02	97545WH (2 units) 97546WH (6 units)	\$128.00 \$384.00	\$0.00	X388	\$64.00 / hr for CARF Accredited	Medicine GR (II)(E) Rule 134.600(h)(9)	<p>Rule 134.600 states in part, “work hardening and work conditioning services provided in a facility that has not been approved for exemption by the commission...All work hardening or work conditioning programs, regardless of accreditation, will be subject to preauthorization and concurrent review on or after one year from the effective date of this section.” The Rules’ effective date was 1-1-02. Therefore, the work hardening program required preauthorization.</p> <p>The requestor supported position that work hardening program was CARF Accredited.</p> <p>The provider did not support position that preauthorization was obtained per Rule 134.600.</p> <p>Also, work hardening program daily reports to support billing per Medicine GR (II)(E) was not submitted. No reimbursement is recommended.</p>
1-28-02 1-29-02 1-30-02 1-31-02	97545WH (2 units) 97546WH (6 units)	\$128.00 \$384.00	\$0.00 \$0.00	T T	\$64.00 / hr for CARF Accredited	Medicine GR (II)(E) House Bill 2600	<p>The TWCC treatment guidelines were abolished on 1/1/02; therefore, the insurance carrier’s denial based upon “T” was invalid.</p> <p>Work hardening report was submitted to support billed service; reimbursement of 4 dates X \$512.00 (128.00 + \$384.00) = \$2048.00</p>
TOTAL		\$8704.00					The requestor is entitled to reimbursement of <b>\$2048.00</b>

This Decision is hereby issued this 22nd day of August 2003.

Elizabeth Pickle  
Medical Dispute Resolution Officer  
Medical Review Division

**ORDER.**

Pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay for the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Decision is applicable for dates of service 1-7-02 through 2-20-02 in this dispute.

This Order is hereby issued this 22nd day of August 2003.

Roy Lewis, Supervisor  
Medical Dispute Resolution  
Medical Review Division

January 13, 2003

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

Re: Medical Dispute Resolution  
MDR#: M5-03-0654-01  
IRO Certificate No.: IRO 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 Chiropractic medicine.

Clinical History:

This 25-year-old female claimant, after a year of employment reportedly, on \_\_\_ developed symptoms over the right and left wrists that included numbness, pain, tingling, and cramping. An MRI on 08/14/01 revealed findings that could be indicative of carpal tunnel syndrome on both the right and left wrists, but clinical correlation was necessary. Neurodiagnostic records from 05/01/01 were unremarkable.

Since that time, she had undergone a complete course of conservative chiropractic management that included physical therapy, work conditioning, and work hardening.

Disputed Services:

Work hardening program from 01/28/02 through 02/22/02.

Decision:

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

Rationale for Decision:

This patient has undergone an extensive course of conservative management and has made a positive progression in her physical therapy. She could have been transitioned into a return-to-work program that met her functional limitations. On the 10/25/01 FCE, there was not strong reference to psychosocial factors that would warrant the progression into a work hardening program, which has a strong behavioral component. The patient was operating at or above the physical demand level associated with the customer service industry.

The reasons for not transitioning this patient through her treatment algorithm in a more expeditious fashion were not made available for the purpose of this review. However, it is evident that the progress through physical therapy and work conditioning therapy was beneficial to this patient. The reviewer does not believe that the provider has shown medical necessity to qualify the patient into a tertiary level of care with a behavioral component.

Outcome assessment is an essential portion of clinical practice. It is vital to the management of a patient in a multi-disciplinary treatment format. An establishment of baseline psychosocial function allows the practitioner to implement the most effective and appropriate therapeutic applications to return the patient to industry, when possible. The aforementioned information is contained within the Implementation of Outcome Assessment and Case Management in Clinical Practice Guidelines, published in 2001 by the Washington State Chiropractic Association.

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,