

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 office visits and work hardening.
- b. The request was received on June 3, 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. HCFA's
 - c. Audit summaries/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.
3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on May 6, 2003. The signature page was not returned to Medical Dispute Resolution and the date the respondent received the additional information is unknown. The response from the insurance carrier was received in the Division on March 25, 2003.
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 February 19, 2003 that...
“The work hardening program helped [injured worker] to increase his progress in his overall physical tolerance of material handling by 10% on a weekly basis. Because [injured worker] had a limited range of motion in his lumbar region, his material handling of floor to knuckle lifts remained at a sedentary level. However the remainder of his material handling above his knee progressed from a sedentary to a light and a light/medium level. The work hardening program also helped [injured worker] to address the issues of coping with his injury and returning back to work. At the end of the program the patient’s next goal was to return to work with restrictions...”
2. Respondent: The respondent states in the correspondence dated November 12, 2001 that... “The requester billed the carrier for a work hardening program; however, a review of the claim file, the Spine Treatment Guidelines, the claimant’s condition and the lack of identified goals reveals a lack of documentation to support the service as billed, as well as a lack of necessity and appropriateness of work hardening program. On or about ____, the claimant sustained an injury while walking to the restroom when he slipped on dirt and fell on his buttocks. The requestor billed the carrier for work hardening and now disputes the carrier’s denial of payment for dates of service beginning 11/29/01 through 1/20/02. The carrier initially denied the services based on a lack of documentation to support the charges for the work hardening program. The requestor has not provided any additional documentation, including any clinical documentation to support the provision of work hardening, the creation of an individual treatment plan, or that the claimant was a suitable candidate for work hardening. The requestor has also failed to provide any documentation showing the claimant’s progression, and the requestor offered no objective job goals for the claimant...”

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only dates of service eligible for review are those commencing on November 29, 2001 and extending through January 10, 2002.
2. This dispute was initially docketed as a general fee dispute. Upon a second review the dispute was re-docketed as a medical necessity dispute as the insurance carrier denied per the Spine Treatment Guideline. Independent Review Organizations only review disputes denied for unnecessary medical treatment or unnecessary medical treatment per peer review; therefore, the dispute will be reviewed per the Commission Rules, Medical Fee Guidelines and Spine Treatment Guideline. The Spine Treatment Guideline will be used for those dates of service prior to January 1, 2002.
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: |
|--|--|--|--------|--------------------|--|---|--|
| 11/29/01 11/30/01 12/03/01 12/04/01 12/05/01 12/06/01 12/10/01 12/11/01 12/12/01 12/13/01 12/14/01 12/17/01 12/18/01 12/19/01 12/20/01 12/26/01 12/27/01 12/28/01 01/03/02 01/04/03 01/07/02 01/08/02 01/09/01 01/10/02 | 97545-WH 2 hrs. per day | \$128.00 | \$0.00 | F, N, T | \$102.00 | MFG, MGR (II)(E)(1-10) STG 134.1001 (e)(1)(L) & (g)(7)(C) Rule 408.021(a) | Although the Spine Treatment Guideline allows work hardening as one of the treatments recommended, documentation submitted does not support the services as billed. Requestor did not submit a treatment plan or documentation to support that the claimant would benefit from the work hardening program. Reimbursement is not recommended. |
| 11/29/01 11/30/01 12/03/01 12/04/01 12/05/01 12/06/01 12/10/01 12/11/01 12/12/01 12/13/01 12/14/01 12/17/01 12/18/01 12/19/01 12/20/01 12/26/01 12/27/01 12/28/01 01/03/02 01/04/03 01/07/02 01/08/02 01/09/01 01/10/02 | 97546-WH 4 hrs. per day except for 12/04/01 in which 6 hrs of this CPT code were performed. | \$256.00 \$256.00 \$256.00 \$384.00 \$256.00 | \$0.00 | F, N, T | \$204.80 \$204.80 \$204.80 \$307.20 \$204.80 \$204.80 \$204.80 \$204.80 \$204.80 \$204.80 \$204.80 \$204.80 \$204.80 \$204.80 \$204.80 \$204.80 \$204.80 \$204.80 \$204.80 \$204.80 \$204.80 \$204.80 \$204.80 | MFG, MGR (II)(E)(1-10) STG 134.1001 (e)(1)(L) & (g)(7)(C) Rule 408.021(a) | Although the Spine Treatment Guideline allows work hardening as one of the treatments recommended, documentation submitted does not support the services as billed. Requestor did not submit a treatment plan or documentation to support that the claimant would benefit from the work hardening program. Reimbursement is not recommended. |
| 12/11/01 12/21/01 01/04/02 | 99213 99213 99213 | \$50.00 \$50.00 \$50.00 | \$0.00 | F, N, T | \$48.00 \$48.00 \$48.00 | MFG, E/M GR (VI)(B) | Progress Reports supports services were rendered as billed. Reimbursement in the amount of \$144.00 is recommended. |
| Totals | | \$9,344.00 | \$0.00 | | | | The Requestor is entitled to reimbursement in the amount of \$144.00 |

VI. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$144.00 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 23rd day of April 2003.

Marguerite Foster
Medical Dispute Resolution Officer
Medical Review Division

MF/mf