

MDR Tracking Number: M5-03-0841-01

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 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 and MMI/IR exam rendered from 12-17-01 to 2-5-02 that were denied based upon "U".

The Medical Review Division has reviewed the IRO decision and determined that the **requestor prevailed** on the issues of medical necessity. Therefore, upon receipt of this Order and in accordance with §133.308(q)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$460.00** for the paid IRO fee. For the purposes of determining compliance with the order, the Commission will add 20-days to the date the order was deemed received as outlined on page one of this order.

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

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

On June 16, 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:

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR\$ (Maximum Allowable Reimbursement)	Reference	Rationale
11-27-01 11-28-01 11-29-01 11-30-01 12-10-01 12-11-01 12-12-01	97545WH (2 hours)	\$102.40	\$0.00	D	\$51.20 / hr	Medicine GR (II)(E)	Work hardening report supports billed service. Reimbursement is recommended of 7 dates X \$102.40 = \$716.80.
11-27-01 11-29-01 11-30-01 12-11-01	97546WH (6 hours)	\$307.20	\$0.00	D	\$51.20 / hr	Medicine GR (II)(E)	Work hardening report supports billed service. Reimbursement is recommended of 4 dates X \$307.20 = \$1228.80.
11-28-01	97546WH (3 hours)	\$153.60	\$0.00	D	\$51.20 / hr	Medicine GR (II)(E)	Work hardening report supports billed service.

							Reimbursement is recommended of \$153.60.
12-10-01	97546WH (4 hours)	\$204.80	\$0.00	D	\$51.20 / hr	Medicine GR (II)(E)	Work hardening report supports billed service. Reimbursement is recommended of \$204.80.
12-12-01	97546WH (5 hours)	\$256.00	\$0.00	D	\$51.20 / hr	Medicine GR (II)(E)	Work hardening report supports billed service. Reimbursement is recommended of \$256.00.
12-10-01	97750FC	\$200.00	\$0.00	D	\$100.00 / hr	Medicine GR (I)(E)	FCE documentation supports billed service. Reimbursement is recommended of \$200.00.
2-5-02	99455L5W P	\$403.00	\$0.00	N	\$403.00	Evaluation & Management GR (XXII)(A)(C)	MMI report supports billed service. Reimbursement is recommended of \$403.00.
TOTAL		\$3163.00					The requestor is entitled to reimbursement of \$3163.00.

This Decision is hereby issued this 26th 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 11-27-01 through 2-5-02 in this dispute.

In accordance with §133.308(q)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$460.00** for the paid IRO fee.

This Order is hereby issued this 26th day of August 2003.

Roy Lewis, Supervisor
 Medical Dispute Resolution
 Medical Review Division

March 17, 2003

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M5-03-0841-01

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). ___ IRO Certificate Number is 5348. Texas Worker's Compensation Commission (TWCC) Rule §133.308 allows for a claimant or provider to request an independent review of a Carrier's adverse medical necessity determination. TWCC assigned the above-reference case to ___ for independent review in accordance with this Rule.

___ has performed an independent review of the proposed care to determine whether or not the adverse determination was appropriate. Relevant medical records, documentation provided by the parties referenced above and other documentation and written information submitted regarding this appeal was reviewed during the performance of this independent review.

This case was reviewed by a practicing chiropractor on the ___ external review panel. The ___ chiropractor reviewer signed a statement certifying that no known conflicts of interest exist between this chiropractor and any of the treating physicians or providers or any of the physicians or providers who reviewed this case for a determination prior to the referral to ___ for independent review. In addition, the ___ chiropractor reviewer certified that the review was performed without bias for or against any party in this case.

Clinical History

This case concerns a female who sustained a repetitive motion injury to her right hand on ___. The patient reported that she works doing assembly and packing. The diagnosis for this patient is carpal tunnel syndrome, paresthesia and muscle spasms. She was treated with a combination of active and passive therapies, cortisone injections, physical therapy, and work hardening.

Requested Services

Work hardening and MMI/IR exam from 12/17/01 through 2/5/02.

Decision

The Carrier's determination that these services were not medically necessary for the treatment of this patient's condition is overturned.

Rationale/Basis for Decision

The ___ chiropractor reviewer noted that the patient sustained a repetitive motion injury to her right hand on ___. The ___ chiropractor reviewer indicated that the patient was treated with a combination of active and passive therapies, cortisone injections, physical therapy, and work hardening. The ___ chiropractor reviewer explained that the patient was involved in a 6-week work hardening program that ended on 1/11/02. The ___ chiropractor reviewer noted that the

patient reached Maximum Medical Improvement on 2/5/02. The ___ chiropractor reviewer explained that it was reasonable for the patient to have finished the work hardening and be examined to determine her updated status. The ___ chiropractor reviewer also explained that the patient showed subjective and objective improvement over the course of the treatment and was released upon reaching MMI. Therefore, the ___ chiropractor consultant concluded that the work hardening and MMI/IR exam from 12/17/01 through 2/5/02 were medically necessary to treat this patient's condition.

Sincerely,

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