

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 Hardening.
- b. The request was received on May 24, 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 August 29, 2002. Per Rule 133.307 (g) (4) or (5), the carrier representative signed for the copy on August 29, 2002. The response from the insurance carrier was received in the Division on September 12, 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 August 26, 2002 that...
“...___ is status post left shoulder arthroscopy with debridement. She made excellent progress in her work hardening program following her surgery. ___ noted on 09/11/2001 that according to her last FCE dated 09/11/2001, she is able to return to her job with no restrictions. She made excellent progress improving 70% in floor to knuckle strength, 30% in 12” from floor to knuckle height, 80% knuckle height to shoulder level, 80% shoulder height to overhead, and 35% carrying 50 ft. She ranks in the medium to medium/heavy category of physical demand capacity. As of 09/12/01 ___ is being returned to work with a TWCC-73 at full duty and no restrictions.

We strongly feel that all data elements required by TWCC rules, codes and medical fee guidelines have been met and we should be entitled to reimbursement for the entire work hardening program at \$64.00 per hour minus a 20% reduction since our facility is non-CARF...”

2. Respondent: The respondent states in correspondence dated September 11, 2002 that ...
“...***Note: The carrier notes that the work hardening services in dispute were denied based on a lack of medical necessity to support the transition from work conditioning to work hardening as indicated in an appeal letter dated 5/22/02, attached as Exhibit 1. Therefore, this dispute should be dismissed and reissued or reassigned as a retrospective medical necessity dispute under Commission Rule 133.308, and the fee issues in dispute should be held in abeyance until the issue of medical necessity has been resolved...**”

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 1, 2001 and extending through September 10, 2001.
2. EOB's submitted by the requestor are denied for “F – REDUCED IN ACCORDANCE WITH THE APPROPRIATE TWCC FEE GUIDELINE'S MAXIMUM ALLOWABLE REIMBURSEMENT (MAR).
3. The Respondent's response to the additional information did not include EOB's denying the work hardening program for unnecessary medical. Therefore, this dispute will be reviewed according to the *Medical Fee Guideline* and TWCC Rules.
4. On November 20, 2002 the Requestor withdrew the date of service 09/19/01, CPT code 99455-L2-WP in the amount of \$332.00 from the current medical dispute and submitted a new table of dispute services, which addresses the work hardening program and one office visit.

5. 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:
08/01/01	97545-WH	\$128.00	\$0.00	F	\$102.40	MFG/MGR (II)(C) & (E)	Requestor has submitted work hardening notes, which support services rendered per the MFG; therefore, reimbursement in the amount of \$2,560.00. Amount of reimbursement reflects a reduction of 20% for Non-CARF.
08/02/01	97545-WH	\$128.00	\$0.00	F	\$102.40		
08/03/01	97545-WH	\$128.00	\$0.00	F	\$102.40		
08/06/01	97545-WH	\$128.00	\$0.00	F	\$102.40	Rule 408.011(19)	
08/07/01	97545-WH	\$128.00	\$0.00	F	\$102.40		
08/08/01	97545-WH	\$128.00	\$0.00	F	\$102.40		
08/09/01	97545-WH	\$128.00	\$0.00	F	\$102.40	Rule 408.021(a)(1-3)	
08/10/01	97545-WH	\$128.00	\$0.00	F	\$102.40		
08/13/01	97545-WH	\$128.00	\$0.00	F	\$102.40		
08/14/01	97545-WH	\$128.00	\$0.00	F	\$102.40		
08/15/01	97545-WH	\$128.00	\$0.00	F	\$102.40		
08/16/01	97545-WH	\$128.00	\$0.00	F	\$102.40		
08/17/01	97545-WH	\$128.00	\$0.00	F	\$102.40		
08/20/01	97545-WH	\$128.00	\$0.00	F	\$102.40		
08/21/01	97545-WH	\$128.00	\$0.00	F	\$102.40		
08/22/01	97545-WH	\$128.00	\$0.00	F	\$102.40		
08/23/01	97545-WH	\$128.00	\$0.00	F	\$102.40		
08/24/01	97545-WH	\$128.00	\$0.00	F	\$102.40		
08/27/01	97545-WH	\$128.00	\$0.00	F	\$102.40		
08/29/01	97545-WH	\$128.00	\$0.00	F	\$102.40		
09/04/01	97545-WH	\$128.00	\$0.00	F	\$102.40		
09/05/01	97545-WH	\$128.00	\$0.00	F	\$102.40		
09/06/01	97545-WH	\$128.00	\$0.00	F	\$102.40		
09/07/01	97545-WH	\$128.00	\$0.00	F	\$102.40		
09/10/01	97545-WH	\$128.00	\$0.00	F	\$102.40		
08/01/01	97546-WH	\$256.00	\$0.00	F	\$204.80	MFG/MGR (II)(C) & (E)	Requestor has submitted work hardening notes, which support services rendered per the MFG; therefore, reimbursement in the amount of \$7,168.00. Amount of reimbursement reflects a reduction of 20% for Non-CARF.
08/02/01	97546-WH	\$256.00	\$0.00	F	\$204.80		
08/03/01	97546-WH	\$256.00	\$0.00	F	\$204.80		
08/06/01	97546-WH	\$256.00	\$0.00	F	\$204.80	Rule 408.011(19)	
08/07/01	97546-WH	\$256.00	\$0.00	F	\$204.80		
08/08/01	97546-WH	\$384.00	\$0.00	F	\$307.20		
08/09/01	97546-WH	\$384.00	\$0.00	F	\$307.20	Rule 408.021(a)(1-3)	
08/10/01	97546-WH	\$384.00	\$0.00	F	\$307.20		
08/13/01	97546-WH	\$384.00	\$0.00	F	\$307.20		
08/14/01	97546-WH	\$384.00	\$0.00	F	\$307.20		
08/15/01	97546-WH	\$384.00	\$0.00	F	\$307.20		
08/16/01	97546-WH	\$384.00	\$0.00	F	\$307.20		
08/17/01	97546-WH	\$384.00	\$0.00	F	\$307.20		
08/20/01	97546-WH	\$384.00	\$0.00	F	\$307.20		
08/21/01	97546-WH	\$384.00	\$0.00	F	\$307.20		
08/22/01	97546-WH	\$384.00	\$0.00	F	\$307.20		
08/23/01	97546-WH	\$384.00	\$0.00	F	\$307.20		
08/24/01	97546-WH	\$384.00	\$0.00	F	\$307.20		
08/27/01	97546-WH	\$384.00	\$0.00	F	\$307.20		
08/29/01	97546-WH	\$384.00	\$0.00	F	\$307.20		
09/04/01	97546-WH	\$384.00	\$0.00	F	\$307.20		
09/05/01	97546-WH	\$384.00	\$0.00	F	\$307.20		
09/06/01	97546-WH	\$384.00	\$0.00	F	\$307.20		
09/07/01	97546-WH	\$384.00	\$0.00	F	\$307.20		
09/10/01	97546-WH	\$384.00	\$0.00	F	\$307.20		

08/10/01	99213	\$50.00	\$0.00	G	\$48.00	MFG, E/M Ground Rule (IV)(C)(2) Rule 408.011(19) Rule 408.021(a)(1-3)	Office visits are not considered global; therefore, daily treatment note for this date of service supports reimbursement per the MFG. Reimbursement in the amount of \$48.00 is recommended.
Totals		\$12,210.00	\$0.00				The Requestor is entitled to reimbursement in the amount of \$9,776.00.

The above Findings and Decision are hereby issued this 28th day of January 2003.

Marguerite Foster
 Medical Dispute Resolution Officer
 Medical Review Division

VI. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$9,776.00 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 28th day of January 2003.

Roy Lewis, Supervisor
 Medical Dispute Resolution
 Medical Review Division

MF/mf