

MDR Tracking Number: M5-03-0997-01

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 133.308 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. This dispute was received on 12-16-02.

The IRO reviewed work hardening program rendered from 3-27-02 to 5-6-02 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 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:

Services denied without an EOB will be reviewed in accordance with *Medical Fee Guideline*.

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR\$ (Maximum Allowable Reimbursement)	Reference	Rationale
4-19-02 4-23-02 4-25-02	97545WHA P (2 hours)	\$128.00	\$0.00	No EOB	\$64.00 / hr for CARF Accredited	Medicine GR (II)(E)	Reports to support work hardening services in accordance with MFG were not submitted; therefore, no reimbursement is recommended.

5-6-02	97750FC	\$200.00	\$0.00	No EOB	\$100.00 / hr	Medicine GR (1)(E)(2)	FCE report was not submitted to support service billed per MFG; therefore, no reimbursement is recommended.
TOTAL							The requestor is not entitled to reimbursement.

This Decision is hereby issued this 19<sup>th</sup> day of September 2003.

Elizabeth Pickle  
 Medical Dispute Resolution Officer  
 Medical Review Division

March 13, 2003

Re: Medical Dispute Resolution  
 MDR #: M5.03.0997.01

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 Certified in Chiropractic Medicine.

Clinical History:

This 53-year-old male patient sustained a work-related injury on \_\_\_ in which he suffered a right thumb/hand fracture, right thumb strain/sprain, and lumbosacral strain/sprain. The patient presented for work hardening therapies from 03/29/02 through 04/30/02. A Functional Capacity Evaluation on 03/19/02 revealed that the patient was able to function at a light physical demand level. A FCE on 05/07/02 applied a 6% impairment rating.

Disputed Services:

Work hardening program from 03/29/02 through 04/30/02.

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:

The treating doctor has failed to provide sufficient medical documentation that warrants the application of work hardening services for the injuries sustained by the patient. Records provided show no other injury than a strain/sprain to the lumbosacral region, right thumb/hand fracture, and right thumb strain/sprain. It is well documented in current medical literature that the majority of strain/sprain injuries are self-limiting and heal with minimal physical therapy/manual medicine interventions.

As a customer service operator, the patient had light PDL and was able to perform work-related functioning on or before the 03/19/02 FCE. No true baseline psychosocial elements existed to warrant the application of a multi-disciplinary treatment algorithm customarily seen with a work hardening program. Therefore, the application of such a program was not medically necessary.

The aforementioned information has been taken from the following guidelines of clinical practice:

*Unremitting Low Back Pain, North American Spine Society Phase 3 Clinical Guidelines for Multi-Disciplinary Spine Care Specialists.* North American Spine Society; 2000, 96p.

*Low Back Pain or Sciatica in the Primary Care Setting.* Department of Veterans Affairs (U.S.); 1999, May.

*Overview of Implementation of Outcome Assessment Case Management in Clinical Practice.* Washington State Chiropractic Association; 2001, 54 p.

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 or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

Sincerely,