

MDR Tracking Number: M5-03-1155-01

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 1-15-03.

The IRO reviewed work hardening, office visits, and FCE rendered from 1-16-02 to 4-4-02 that were denied based upon “U”.

The IRO reviewed the work hardening program because it was denied based upon “U”. The provider submitted a preauthorization approval report from Corvel dated 1-30-02, that gave authorization for eight (8) sessions of work hardening. Therefore, the insurance carrier did not comply with Rule 133.301(a) by retrospectively denying preauthorized treatment based upon medical necessity. The eight sessions of work hardening will be reviewed in accordance with the Commission’s *Medical Fee Guideline*.

The Medical Review Division has reviewed the IRO decision. The IRO has not clearly determined the prevailing party over the medical necessity issues. Therefore, in accordance with §133.308(q)(2)(C), the commission shall determine the allowable fees for the health care in dispute, and the party who prevailed as to the majority of the fees for the disputed health care is the prevailing party.

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
2-11-02	97750	\$200.00	\$0.00	V	\$100.00/ hr	Section 408.021(a)	IRO concluded that FCE was medically necessary; therefore, reimbursement of \$200.00 is recommended.

The IRO concluded that FCE was medically necessary. The IRO concluded that office visits were not medically necessary.

On this basis, the total amount recommended for reimbursement (\$200.00) does not represent a majority of the medical fees of the disputed healthcare and therefore, the requestor did not prevail in the IRO decision. 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.

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

On May 22, 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	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
1-30-02 2-4-02 2-5-02 2-6-02 2-7-02 2-8-02 2-11-02	97545WH (2 hrs) 97546WH (6 hrs)	\$102.40 \$307.20	\$0.00	U	\$51.20/hr x 7 hours = \$358.40	Medicine GR (II)(E) Rule 133.301(a)	<p>Preauthorization was obtained on 1-30-02 for 8 sessions of work hardening; insurance carrier is in violation of Rule 133.301(a) by retrospectively denying preauthorized treatment.</p> <p>Work hardening notes indicate claimant attended work hardening on 1-30-02, 1-31-02, 2-1-02, 2-4-02, 2-5-02, 2-6-02, 2-7-02, 2-8-02, and 2-11-02. The preauthorized dates are 1-30-02 through 2-8-02. 1-31-02 and 2-1-02 were not in dispute.</p> <p>A review of the notes indicates that on all of the dates except 2-7-02 and 2-11-02, the claimant arrived at 8:00 am and left at 4:00 pm. The requestor billed for a total of 8 hours. The requestor did not take into consideration lunch or breaks in their billing for work hardening. Therefore, the Medical Review Division considers 7 hours appropriate. 5 dates X \$358.40 = \$1,792.00.</p> <p>On 2-7-02 the requestor noted that claimant arrived at 8:20 am and left at 4:00 pm for a total of 8 hours. The requestor did not take into consideration the late arrival of claimant, lunch or breaks in their billing for work hardening. The appropriate reimbursement is for 6 ¾ hours = \$345.60.</p>
TOTAL							The requestor is entitled to reimbursement of \$2137.60 .

This Decision is hereby issued this 15th day of October 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 1-16-02 through 4-4-02 in this dispute.

This Order is hereby issued this 15th day of October 2003.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

May 13, 2003

Re: MDR #: M5-03-1155-01

___ 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 male claimant sustained a work-related injury on ___. He injured his left bicipital region, suffering severe laceration. Surgical repair of the bicipital tear was performed.

Two disability evaluations were performed, the first on 01/13/02, and the second on 09/19/02. Both evaluations yielded an MMI/impairment decision that allowed the patient to return to work with no restrictions and/or functional impairment. FCE's were performed on 12/27/01 and on 01/23/02. Treatment applications include office visits, work hardening and FCE's.

Disputed Services:

Office visits, work hardening program and FCE's from 01/16/02 through 04/04/02.

Decision:

The reviewer partially agrees with the determination of the insurance carrier. The reviewer is of the opinion that the Functional Capacity Evaluation on

02/11/02 was medically necessary. The office visits and work hardening program were not medically necessary in this case.

Rationale for Decision:

The provider has failed to show the appropriateness of work hardening applications vs. lower-level therapeutics such as work conditioning or home rehabilitation program. A work hardening program involves a behavioral component that the provider has not shown to be applicable.

In addition, on two occasions, 01/13/02 and 03/19/02, the patient was found to be at MMI, and no further impairment was assigned.

There is no quantitative or qualitative data that identifies any relevant psychosocial issues that would warrant the level of therapeutics performed.

Functional Capacity Evaluation test performed on 02/11/02 is relevant in the treatment of this patient's condition. The data obtained should have been implemented in a patient-directed home rehabilitation program that should have been monitored clinically.

Office visits in addition to work hardening applications seem redundant. This variable has not been demonstrated effectively by the provider or the medical records supplied for this review.

Clinical References:

- *Overview of Implementation of Outcome Assessment Case Management in the Clinical Practice.* Washington State Chiropractic Association; 2001, 54 p.
- *Clinical Practice Guidelines for Chronic Non-Malignant Pain Syndrome Patients II: An Evidence-Based Approach.* J. Back Musculoskeletal Rehabil. 1999, Jan. 1; 13:47-58.

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 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,