

MDR Tracking Number: M5-03-1407-01

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 8-19-02.

This case was forwarded to an IRO for review pursuant to Rule 133.308. On 6-12-03 an Order for Payment of IRO fee was sent to provider. The provider did not comply with Order; therefore, the services denied based upon not medically necessary were dismissed.

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 service, 97750 X8, that was denied based upon “F” rendered on 8-20-01.

On June 30, 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 requestor billed for a Physical Performance Evaluation, (PPE), on 8-20-01 in the amount of \$344.00. A review of the report revealed components of a Functional Capacity Evaluation. The requestor also billed for a PPE on 7-24-01 for \$344.00. Since the PPE has components of a FCE, the MAR should not exceed the MAR for an FCE. Therefore, the requestor is entitled to reimbursement of the MAR for a second FCE of \$200.00.

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 date of service 8-20-01 in this dispute.

This Decision and Order is hereby issued this 14th day of November 2003.

Elizabeth Pickle
Medical Dispute Resolution Officer
Medical Review Division