

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 2-5-02.

The IRO reviewed work hardening program from 2-6-01 through 2-22-01 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 August 7, 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
2-26-01 2-27-01 2-28-01 3-1-01 3-2-01	97545WH (2 hrs) 97546WH (6 hrs)	\$128.00 \$384.00	\$0.00	E	\$51.20 / hr Non CARF Accredited	Section 408.027(d) Medicine GR (II)(C) and (E)	TWCC records reveal that the insurance carrier did not file a TWCC-21 disputing the entitlement of treatment; therefore, services will be reviewed in accordance with MFG. Work hardening notes supports billed service per MFG. The requestor is entitled to reimbursement of 8 hrs X \$51.20 = \$409.60 X 5 dates = \$2048.00.
TOTAL							The requestor is entitled to reimbursement of \$2048.00 .

This Decision is hereby issued this 14th day of November 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 2-6-01 through 3-2-01 in this dispute.

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

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

Enclosure: IRO Decision

NOTICE OF INDEPENDENT REVIEW DECISION

Date: July 17, 2003

RE: MDR Tracking #: M5-03-1443-01
IRO Certificate #: 5242

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ___ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a Chiropractic physician reviewer. The Chiropractic physician reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to for independent

review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

According to the documentation supplied, it appears that the claimant injured her low back while falling at work on _____. She was originally seen at _____. After a trial of medication and some physical therapy, she decided to seek care with _____. She was treated with chiropractic therapy from 07/10/2000 until 12/07/2000. On 10/30/2000, the claimant had a MRI performed, which revealed a 3-mm posterior central disc herniation contacting the thecal sac without narrowing the foramina. On 12/08/2000, the claimant began a work-conditioning program. The claimant began a work hardening program around 02/06/2001. _____, evaluated the claimant on 02/22/2001 who felt she would benefit from a work hardening program. The claimant underwent several functional capacity exams. The claimant had an impairment rating on 03/19/2001 and on 08/20/2001 by separate doctors, but received a 5% whole person impairment both times. The claimant continued to receive care throughout the summer of 2001 and continued her psychological care. Due to the organization of the chart, it is difficult to determine when the claimant discontinued care.

Requested Service(s)

Please review and address the medical necessity of the outpatient services including the work hardening program rendered between 02/06/2001 – 02/22/2001.

Decision

I agree with the insurance company that the work hardening services rendered between 02/06/2001 – 02/22/2001 were not medically necessary.

Rationale/Basis for Decision

According to the supplied documentation, it appears that the claimant underwent an adequate trial of active and passive, and then she was transitioned into a work conditioning program. At the end of her work-conditioning program, she began the work hardening. The claimant had a psychological evaluation on 02/22/2001. The claimant had already begun the work hardening program without the needed evaluation documenting a reason for work hardening. The claimant did receive a sufficient trial of work hardening beyond the 02/22/2001 date that would satisfy the claimant's need for a program. The 02/06/2001 – 02/22/2001 were not objectively supported by the supplied documentation which does not validate the medical necessity.