

MDR Tracking Number: M5-03-1457-01

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 2-6-03.

The IRO reviewed work conditioning program rendered from 4-18-02 through 5-2-02 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 May 14, 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 that were denied without an EOB will be reviewed in accordance with *Medical Fee Guideline*.

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
4-30-02	97750FC	\$200.00	\$0.00	T	\$100.00 / hr	Medicine GR (I)(E)(2) HB2600	HB-2600 abolished treatment guidelines on 1-1-02; therefore, the insurance carrier incorrectly denied reimbursement based upon "T." FCE report supports billed service per MFG, reimbursement of \$200.00 is recommended.
3-22-02 3-25-02	97545WCAP	\$72.00	\$0.00	A	\$36.00 / hr	Medicine GR (II)(D)	Rule 134.600 states in part, "All work hardening or work

3-26-02 3-27-02 3-28-02 4-2-02 4-3-02 4-4-02 4-5-02 4-8-02 4-11-02 4-16-02						Rule 134.600(h)(9)	conditioning programs, regardless of accreditation, will be subject to preauthorization and concurrent review on or after one year from the effective date of this section.” The effective date of this Rule’s section 1-1-02. The provider did not submit preauthorization approval report; therefore, no reimbursement is recommended.
3-22-02 3-25-02 3-26-02 3-27-02 3-28-02 4-2-02 4-3-02 4-8-02 4-16-02	97546WCAP	\$144.00	\$0.00	A	\$36.00 / hr	Medicine GR (II)(D) Rule 134.600(h)(9)	Rule 134.600 states in part, “All work hardening or work conditioning programs, regardless of accreditation, will be subject to preauthorization and concurrent review on or after one year from the effective date of this section.” The effective date of this Rule’s section 1-1-02. The provider did not submit preauthorization approval report; therefore, no reimbursement is recommended.
4-4-02	97546WCAP	\$108.00	\$0.00	A	\$36.00 / hr	Medicine GR (II)(D) Rule 134.600(h)(9)	
4-1-02	97545WHA P	\$128.00	\$0.00	A	\$64.00 / hr	Medicine GR (II)(E) Rule 134.600(h)(9)	
4-1-02	97545WHA P (x4)	\$256.00	\$0.00	A	\$64.00 / hr	Medicine GR (II)(E) Rule 134.600(h)(9)	
4-5-02 4-11-02	97546WCAP	\$72.00	\$0.00	A	\$36.00 / hr	Medicine GR (II)(D) Rule 134.600(h)(9)	
4-24-02	97545WCAP	\$72.00	\$0.00	No EOB	\$36.00 / hr	Medicine GR (II)(D)	
4-24-02	97546WCAP	\$72.00	\$0.00	No EOB	\$36.00 / hr	Medicine GR (II)(D)	Work conditioning report supports billed service per MFG, reimbursement of \$144.00 is recommended.

TOTAL			The requestor is entitled to reimbursement of \$344.00.
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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 4-18-02 through 5-2-02 in this dispute.

This Decision and Order is hereby issued this 20th day of November 2003.

Elizabeth Pickle
 Medical Dispute Resolution Officer
 Medical Review Division

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

May 9, 2003

Re: IRO Case # M5-03-1457

Texas Worker’s Compensation Commission:

___ has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker’s Compensation Commission (TWCC). Texas HB. 2600, Rule133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier’s internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to ___ for an independent review. ___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, ___ received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a Doctor of Chiropractic who is licensed by the State of Texas. He or she has signed a certification statement attesting 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 referral to ___ for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the ___ reviewer who reviewed this case, based on the medical records provided, is as follows:

History

The patient reportedly injured her wrists on ___ from overuse injuries to both wrists and forearms. She has had physical therapy, medication, nerve conduction studies, FCEs, a work hardening program and chiropractic care.

Requested Service

Work conditioning program 4/18/02-4/19/02, 4/23/02, 4/25/02-5/2/02

Decision

I agree with the carrier's decision to deny the requested treatment.

Rationale

The patient had extensive conservative treatment with little, if any, documented relief of her symptoms or functional improvement. Her nerve conduction studies were negative for carpal tunnel syndrome, and were essentially normal. Despite medication, extensive physical therapy, and the disputed work conditioning program, the patient's symptoms still persist, according to the documentation presented for this review. Conservative treatment and work conditioning program failed to relieve symptoms or improve function.

The patient's symptoms should have responded to appropriate conservative care within 8-12 weeks, and in this case, the patient's response was poor. In order for a work conditioning program to be considered as a beneficial progression in the healing process, it must be justified by clinical, objective findings. In this case, documentation of any such findings were not in the records presented for review. The patient's objective findings were minimal as compared to her severe subjective complaints, and these minimal objective findings do not warrant a work conditioning program. The patient's objective findings did not support the patient's subjective complaints.

The patient was placed on MMI on 7/2/01, some nine months prior to the start of the treatment in dispute. After an MMI date is reached, all further treatment must be reasonable and effective in relieving symptoms or improving function, and in this case it was not.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.

Sincerely,