

MDR Tracking Number: M5-03-1544-01

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 2-19-03.

The IRO reviewed work hardening and physical therapy rendered from 7-10-02 through 9-4-02 that were denied based upon "U".

The Medical Review Division has reviewed the IRO decision and determined that the **requestor prevailed** on the issues of medical necessity. Therefore, upon receipt of this Order and in accordance with §133.308(r)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$460.00** for the paid IRO fee. For the purposes of determining compliance with the order, the Commission will add 20-days to the date the order was deemed received as outlined on page one of this order.

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 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:

Neither party submitted EOBs to support services identified as "No EOB"; therefore, they will be reviewed in accordance with *Medical Fee Guideline*.

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
6-10-02	97110 (X4)	\$140.00	\$35.00	F, S	\$35.00 / 15 min	Medicine GR (I)(A)(9)(b)	The SOAP note does not support exclusive one to one supervised treatment per

6-12-02	97110 (X5)	\$175.00	\$35.00	F, S	\$35.00 / 15 min	Medicine GR (I)(A)(9)(b)	MFG; therefore, no reimbursement is recommended.
7-29-02 7-31-02 8-28-02 8-29-02 8-30-02 9-5-02 9-6-02 9-9-02 9-10-02	97545WH (2 hrs)	\$102.40	\$0.00	N	\$51.20/hr for Non CARF	Medicine GR (II)(E)	7-29, 7-31, 8-29, 9-3, 9-5, 9-6, 9-9-02, the claimant arrived at 8:00 am to 4:00 pm. The requestor billed for 8 hours. The requestor did not consider in billing for lunch and breaks. The MDR considers 1 hour for lunch and breaks
7-29-02 7-31-02 8-28-02 8-29-02 9-5-02 9-6-02 9-9-02	97546WC (6 hrs.)	\$307.20	\$0.00	N	\$51.20/hr for Non CARF	Medicine GR (II)(E)	appropriate. Therefore, the requestor is entitled to reimbursement of 7 hrs X \$51.20 = \$358.40 X 7 dates = \$2508.80. 8-28-02 the claimant arrived

8-30-02 9-10-02	97546WC (4 hrs.)	\$204.80	\$0.00	N	\$51.20/hr for Non CARF	Medicine GR (II)(E)	<p>at 8:25 am to 4:00 pm. The requestor billed for 8 hours. The requestor did not consider in billing for lunch and breaks. The MDR considers 1 hour for lunch and breaks appropriate. Therefore, the requestor is entitled to reimbursement for 6:30 hrs. X \$51.20 = \$332.80.</p> <p>8-30-02 the claimant arrived at 8:00 am to 2:10 pm. The requestor billed for 6 hours. The requestor did not consider in billing for lunch and breaks. The MDR considers 1 hour for lunch and breaks appropriate. Therefore, the requestor is entitled to reimbursement for 5:15 hrs. X \$51.20 = \$268.80.</p> <p>9-10-02 claimant arrived at 8:00 am clocked out at 10:00 am to 12:00 pm for FCE, the patient clocked out at 4:00 pm. The requestor billed for 6 hours. The requestor did not consider in billing for lunch and breaks. The MDR considers 1 hour for lunch and breaks appropriate. Therefore, the requestor is entitled to reimbursement for 5 hrs. X \$51.20 = \$256.00..</p>
TOTAL							The requestor is entitled to reimbursement of \$3366.40.

This Decision is hereby issued this 5th day of December 2003.

Elizabeth Pickle
Medical Dispute Resolution Officer
Medical Review Division

June 10, 2003

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IRO Certificate No.: 5055

___ 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.

Brief Clinical History:

This 42-year-old, medium-built male patient severely hyper-extended his hand and wrist in a traumatic work injury on ____. He immediately felt pain shoot to his forearm and entire left upper extremity.

Disputed Services:

Work hardening and physical therapy from 07/10/02 through 09/04/02.

Decision:

The reviewer disagrees with the determination of the insurance carrier. The reviewer is of the opinion that the work hardening program and physical therapy was medically necessary in this case.

Rationale for Decision:

The patient was adequately treated on the date of injury. The MRI done at the time of a surgical consult on 05/07/02 revealed an oblique tear of the triangular fibrocartilage. The patient was told to continue physical therapy and return in one month. He went through passive and active therapy, and then a more aggressive active therapy.

A follow-up surgical consult on 06/12/02 found that the patient also had an ulnar neuropathy of the left elbow, along with the TFCC tear inside the left wrist. The patient did not desire surgery; it was recommended that he continue conservative therapy. He was prescribed ibuprofen twice a day. On 06/18/02, the treating doctor agreed that the patient should continue with conservative therapy and rehabilitation.

On surgical follow-up on 7/03/02, it was determined that the patient still had some wrist pain, but it had improved greatly. He had a great decrease in numbness and tingling in his fourth and fifth digits, and he had normal range of motion. However, there was still some discomfort with ulnar deviation, supination and pronation. On that date, it was determined that the patient was not in need of surgery and a work hardening program was recommended to get him to return to work.

On 08/15/02, follow-up revealed that the patient needed to continue therapy in rehab because he still had pain symptomatology and neurological findings. On 09/10/02, the patient completed his work hardening program and was to return to work. Therefore, it can be concluded that proper measures were taken, referring doctors were in agreement with the continuation of conservative therapy, and the patient did improve.

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,