

MDR: Tracking Number M5-03-1808-01

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 03-27-03.

The IRO reviewed office visits w/ manipulations, team conferences, work hardening, and FCE rendered from 08-22-02 through 01-09-03 that were denied based upon "V".

The Medical Review Division has reviewed the IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity for work hardening and team conferencing. On this basis, the total amount recommended for reimbursement (\$872.00) 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.

The Medical Review Division has reviewed the IRO decision and determined that the **requestor prevailed** on the issues of medical necessity for office visits with manipulations and FCE. 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.

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 July 24, 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	MAR\$ (Maximum Allowable Reimbursement)	Reference	Rationale
12-4-02	97545WH (2 units)	\$128.00	0.00	F	\$64.00	MFG MGR (II)(C) & (E)	Soap notes confirm delivery of service. Recommended Reimbursement (\$64.00 for 2 units) \$128.00
	97546WH (6 units)	\$384.00	0.00	F	\$64.00		Soap notes confirm delivery of service. Recommended Reimbursement (\$64.00 for 6 units) \$384.00
12-5-05	97545WH (2 units)	\$128.00	0.00	F	\$64.00	MFG MGR (II)(C) & (E)	Soap notes confirm delivery of service. Recommended Reimbursement (\$64.00 for 2 units) \$128.00
	97546WH (6 units)	\$384.00	0.00	F	\$64.00		Soap notes confirm delivery of service. Recommended Reimbursement (\$64.00 for 6 units) \$384.00
12-6-02	97545WH (2 units)	\$128.00	0.00	F	\$64.00	MFG MGR (II)(C) & (E)	Soap notes confirm delivery of service. Recommended Reimbursement (\$64.00 for 2 units) \$128.00
	97546WH (6 units)	\$384.00	0.00	F	\$64.00		Soap notes confirm delivery of service. Recommended Reimbursement (\$64.00 for 6 units) \$384.00
12-9-02	97545WH (2 units)	\$128.00	0.00	F	\$64.00	MFG MGR (II)(C) & (E)	Soap notes confirm delivery of service. Recommended Reimbursement (\$64.00 for 2 units) \$128.00
	97546WH (6 units)	\$384.00	0.00	F	\$64.00		Soap notes confirm delivery of service. Recommended Reimbursement (\$64.00 for 6 units) \$384.00
12-10-02	97545WH (2 units)	\$128.00	0.00	F	\$64.00	MFG MGR (II)(C) & (E)	Soap notes confirm delivery of service. Recommended Reimbursement (\$64.00 for 2 units) \$128.00

	97546WH (6 units)	\$384.00	0.00	F	\$64.00		Soap notes confirm delivery of service. Recommended Reimbursement (\$64.00 for 6 units) \$384.00
12-24-02	97546WH (6 units)	\$384.00	0.00	F	\$64.00	MFG MGR (II)(C) & (E)	Soap notes confirm delivery of service. Recommended Reimbursement (\$64.00 for 6 units) \$384.00
	97545WH (2 units)	\$128.00	0.00	F	\$64.00		Soap notes confirm delivery of service. Recommended Reimbursement (\$64.00 for 2 units) \$128.00
12-26-02	97546WH (6 units)	\$384.00	0.00	F	\$64.00	MFG MGR (II)(C) & (E)	Soap notes confirm delivery of service. Recommended Reimbursement (\$64.00 for 6 units) \$384.00
	97545WH (2 units)	\$128.00	0.00	F	\$64.00		Soap notes confirm delivery of service. Recommended Reimbursement (\$64.00 for 2 units) \$128.00
12-27-02	97546WH (6 units)	\$384.00	0.00	F	\$64.00	MFG MGR (II)(C) & (E)	Soap notes confirm delivery of service. Recommended Reimbursement (\$64.00 for 6 units) \$384.00
	97545WH (2 units)	\$128.00	0.00	F	\$64.00		Soap notes confirm delivery of service. Recommended Reimbursement (\$64.00 for 2 units) \$128.00
12-30-02	97546WH (6 units)	\$384.00	0.00	F	\$64.00	MFG MGR (II)(C) & (E)	Soap notes confirm delivery of service. Recommended Reimbursement (\$64.00 for 6 units) \$384.00
	97545WH (2 units)	\$128.00	0.00	F	\$64.00		Soap notes confirm delivery of service. Recommended Reimbursement (\$64.00 for 2 units) \$128.00
TOTAL		\$4608.00					The requestor is entitled to reimbursement of \$ 4608.00

This Decision is hereby issued this 25th day of February 2004.

Georgina Rodriguez
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 8-28-01 through 12-30-01 in this dispute.

This Order is hereby issued this 25th day of February 2004.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

February 20, 2004

Rosalinda Lopez
Texas Workers' Compensation Commission
Medical Dispute Resolution
Fax: (512) 804-4868

**REVISED REPORT
Revised Disputed Services**

Re: Medical Dispute Resolution
MDR #: M5-03-1808-01
IRO Certificate No.: IRO 5055

Dear Ms. Lopez:

___ 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 claimant injured his low back while on the job on ___. He received both active and passive therapies from April 2000 to December 2002. He still had a pain level of 4, with joint pain and reduced range of motion.

The FCE on 12/03/02 showed that he was still functioning at a light-duty level. During the treatments from 08/22/02 through 11/27/02, the patient's subjective and objective findings did not change. His pain level remained about 4 throughout this treatment. In addition he completed a work conditioning program and a work hardening program.

Disputed Services:

Office visits w/manipulations, FCE, work hardening program, and team conference during the period of 08/22/02 through 01/09/03.

Decision:

The reviewer partially agrees with the determination of the insurance carrier. The reviewer is of the opinion that the work hardening program was not medically necessary. The office visits with manipulations and the FCE were medically necessary in this case.

Rationale:

This patient was not likely to benefit from a work hardening program. After completing a work conditioning program, and three months of treatment prior to the work hardening program, the patient still had the same symptoms with no change. If he still had the same deficits over this three-month period, even following a work conditioning program, entrance into a rigorous 8-hour-a-day work hardening program would not likely benefit him. Consequently, the team conferences conducted during the work hardening program were not medically necessary.

In addition, the records provided for review did not document any psychological problems or depression exhibited by the patient. Moreover, a mental health evaluation was not performed prior to entrance into the work hardening program, which would have determined the patient's readiness for such a program.

Regarding the office visits with manipulations from 08/22/02 through 11/27/02, these visits were medically necessary for the treatment of the patient's dysfunctional motor units in the lumbar spine with joint stiffness. These are symptoms treatable with manipulation to the lumbar spine. The FCE on 12/03/02 was medically necessary in order to assess the patient's overall functional deficits at that point in time.

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,