

MDR Tracking Number: M5-03-1831-01

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, 133.307 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 March 25, 2003.

The IRO reviewed office visit rendered on 7/19/02, functional capacity evaluation rendered on 9/23/02, medical disability examination rendered on 9/25/02, special report 9/30/02 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. Consequently, the requestor is not owed a refund of the paid IRO fee.

The functional capacity evaluation rendered on 9/23/02 was found to be medically necessary.

The office visits rendered on 7/19/02, medical disability examination rendered on 9/25/02, special report 9/30/02 were not found to be medically necessary.

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 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 requestor obtained preauthorization for a work hardening program, dated 8/30/02. Per Rule 133.304(h)(9), the carrier may not retrospectively deny a charge when preauthorization has been obtained prior to delivery of service. The disputed charges below will be reviewed according to the "A-preauthorization required, but not requested".

The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS	Reference	Rationale
9/4/02	97545-WH	\$102.40	\$0.00	A, V	\$102.40	<u>MFG, Medicine Ground Rule (II)(E)(1-10)</u>  TWCC Rule 133.304 (h)(9)	Review of the preauthorization letter from ____, dated 8/30/02 revealed that preauthorization was obtained for a work hardening program start date of 8/27/02 extending through 9/27/02. Therefore the requestor is entitled to reimbursement in the amount of \$102.40.
	97546-WH	\$307.20	\$0.00	A, V	\$307.20	<u>MFG, Medicine Ground Rule (II)(E)(1-10)</u>  TWCC Rule 133.304 (h)(9)	Review of the preauthorization letter from ____, dated 8/30/02 revealed that preauthorization was obtained for a work hardening program start date of 8/27/02 extending through 9/27/02. Therefore the requestor is entitled to reimbursement in the amount of \$307.20.

9/6/02	97545-WH	\$102.40	\$0.00	A, V	\$102.40	<u>MFG, Medicine Ground Rule (II)(E)(1-10)</u>  TWCC Rule 133.304 (h)(9)	Review of the preauthorization letter from ___, dated 8/30/02 revealed that preauthorization was obtained for a work hardening program start date of 8/27/02 extending through 9/27/02. Therefore the requestor is entitled to reimbursement in the amount of \$102.40.
	97546-WH	\$307.20	\$0.00	A, V	\$307.20	<u>MFG, Medicine Ground Rule (II)(E)(1-10)</u>  TWCC Rule 133.304 (h)(9)	Review of the preauthorization letter from ___, dated 8/30/02 revealed that preauthorization was obtained for a work hardening program start date of 8/27/02 extending through 9/27/02. Therefore the requestor is entitled to reimbursement in the amount of \$307.20.
9/9/02	97545-WH	\$102.40	\$0.00	A, V	\$102.40	<u>MFG, Medicine Ground Rule (II)(E)(1-10)</u>  TWCC Rule 133.304 (h)(9)	Review of the preauthorization letter from ___, dated 8/30/02 revealed that preauthorization was obtained for a work hardening program start date of 8/27/02 extending through 9/27/02. Therefore the requestor is entitled to reimbursement in the amount of \$102.40.
	97546-WH	\$307.20	\$0.00	A, V	\$307.20	<u>MFG, Medicine Ground Rule (II)(E)(1-10)</u>  TWCC Rule 133.304 (h)(9)	Review of the preauthorization letter from ___, dated 8/30/02 revealed that preauthorization was obtained for a work hardening program start date of 8/27/02 extending through 9/27/02. Therefore the requestor is entitled to reimbursement in the amount of \$307.20.
9/11/02	97545-WH	\$102.40	\$0.00	A, V	\$102.40	<u>MFG, Medicine Ground Rule (II)(E)(1-10)</u>  TWCC Rule 133.304 (h)(9)	Review of the preauthorization letter from ___, dated 8/30/02 revealed that preauthorization was obtained for a work hardening program start date of 8/27/02 extending through 9/27/02. Therefore the requestor is entitled to reimbursement in the amount of \$102.40.
	97546-WH	\$307.20	\$0.00	A, V	\$307.20	<u>MFG, Medicine Ground Rule (II)(E)(1-10)</u>  TWCC Rule 133.304 (h)(9)	Review of the preauthorization letter from ___, dated 8/30/02 revealed that preauthorization was obtained for a work hardening program start date of 8/27/02 extending through 9/27/02. Therefore the requestor is entitled to reimbursement in the amount of \$307.20.

9/13/02	97545-WH	\$102.40	\$0.00	A, V	\$102.40	<u>MFG, Medicine Ground Rule (II)(E)(1-10)</u>  TWCC Rule 133.304 (h)(9)	Review of the preauthorization letter from ___, dated 8/30/02 revealed that preauthorization was obtained for a work hardening program start date of 8/27/02 extending through 9/27/02. Therefore the requestor is entitled to reimbursement in the amount of \$102.40.
	97546-WH	\$307.20	\$0.00	A, V	\$307.20	<u>MFG, Medicine Ground Rule (II)(E)(1-10)</u>  TWCC Rule 133.304 (h)(9)	Review of the preauthorization letter from ___, dated 8/30/02 revealed that preauthorization was obtained for a work hardening program start date of 8/27/02 extending through 9/27/02. Therefore the requestor is entitled to reimbursement in the amount of \$307.20.
9/16/02	97545-WH	\$102.40	\$0.00	A, V	\$102.40	<u>MFG, Medicine Ground Rule (II)(E)(1-10)</u>  TWCC Rule 133.304 (h)(9)	Review of the preauthorization letter from ___, dated 8/30/02 revealed that preauthorization was obtained for a work hardening program start date of 8/27/02 extending through 9/27/02. Therefore the requestor is entitled to reimbursement in the amount of \$102.40.
	97546-WH	\$307.20	\$0.00	A, V	\$307.20	<u>MFG, Medicine Ground Rule (II)(E)(1-10)</u>  TWCC Rule 133.304 (h)(9)	Review of the preauthorization letter from ___, dated 8/30/02 revealed that preauthorization was obtained for a work hardening program start date of 8/27/02 extending through 9/27/02. Therefore the requestor is entitled to reimbursement in the amount of \$307.20.
9/18/02	97545-WH	\$102.40	\$0.00	A, V	\$102.40	<u>MFG, Medicine Ground Rule (II)(E)(1-10)</u>  TWCC Rule 133.304 (h)(9)	Review of the preauthorization letter from ___, dated 8/30/02 revealed that preauthorization was obtained for a work hardening program start date of 8/27/02 extending through 9/27/02. Therefore the requestor is entitled to reimbursement in the amount of \$102.40.
	97546-WH	\$307.20	\$0.00	A, V	\$307.20	<u>MFG, Medicine Ground Rule (II)(E)(1-10)</u>  TWCC Rule 133.304 (h)(9)	Review of the preauthorization letter from ___, dated 8/30/02 revealed that preauthorization was obtained for a work hardening program start date of 8/27/02 extending through 9/27/02. Therefore the requestor is entitled to reimbursement in the amount of \$307.20.

9/20/02	97545-WH	\$102.40	\$0.00	A, V	\$102.40	<u>MFG, Medicine Ground Rule (II)(E)(1-10)</u>  TWCC Rule 133.304 (h)(9)	Review of the preauthorization letter from ___, dated 8/30/02 revealed that preauthorization was obtained for a work hardening program start date of 8/27/02 extending through 9/27/02. Therefore the requestor is entitled to reimbursement in the amount of \$102.40.
	97546-WH	\$307.20	\$0.00	A, V	\$307.20	<u>MFG, Medicine Ground Rule (II)(E)(1-10)</u>  TWCC Rule 133.304 (h)(9)	Review of the preauthorization letter from ___, dated 8/30/02 revealed that preauthorization was obtained for a work hardening program start date of 8/27/02 extending through 9/27/02. Therefore the requestor is entitled to reimbursement in the amount of \$307.20.
9/23/02	97545-WH	\$102.40	\$0.00	V	\$102.40	<u>MFG, Medicine Ground Rule (II)(E)(1-10)</u>  TWCC Rule 133.304 (h)(9)	Review of the preauthorization letter from ___, dated 8/30/02 revealed that preauthorization was obtained for a work hardening program start date of 8/27/02 extending through 9/27/02. Therefore the requestor is entitled to reimbursement in the amount of \$102.40.
	97546-WH	\$204.80	\$0.00	V	\$204.80	<u>MFG, Medicine Ground Rule (II)(E)(1-10)</u>  TWCC Rule 133.304 (h)(9)	Review of the preauthorization letter from ___, dated 8/30/02 revealed that preauthorization was obtained for a work hardening program start date of 8/27/02 extending through 9/27/02. Therefore the requestor is entitled to reimbursement in the amount of \$204.80.
9/25/02	97545-WH	\$102.40	\$0.00	A, V	\$102.40	<u>MFG, Medicine Ground Rule (II)(E)(1-10)</u>  TWCC Rule 133.304 (h)(9)	Review of the preauthorization letter from ___, dated 8/30/02 revealed that preauthorization was obtained for a work hardening program start date of 8/27/02 extending through 9/27/02. Therefore the requestor is entitled to reimbursement in the amount of \$102.40.
	97546-WH	\$307.20	\$0.00	A, V	\$307.20	<u>MFG, Medicine Ground Rule (II)(E)(1-10)</u>  TWCC Rule 133.304 (h)(9)	Review of the preauthorization letter from ___, dated 8/30/02 revealed that preauthorization was obtained for a work hardening program start date of 8/27/02 extending through 9/27/02. Therefore the requestor is entitled to reimbursement in the amount of \$307.20.
TOTAL		\$3,993.60					The requestor is entitled to reimbursement in the amount of \$3,993.60.

This Decision is hereby issued 30<sup>th</sup> of January 2004.

Margaret Q. Ojeda  
Medical Dispute Resolution Officer  
Medical Review Division

MQO/mqo

### **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 9/4/02 through 9/25/02 in this dispute.

This Order is hereby issued this 30<sup>th</sup> day of January 2004.

Roy Lewis, Supervisor  
Medical Dispute Resolution  
Medical Review Division

RL/mqo

#### NOTICE OF INDEPENDENT REVIEW DECISION

July 2, 2003

Rosalinda Lopez  
Program Administrator  
Medical Review Division  
Texas Workers Compensation Commission  
4000 South IH-35, MS 48  
Austin, TX 78704-7491

RE: MDR Tracking #: M5-03-1831-01  
IRO Certificate #: IRO 4326

The \_\_\_ 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 rendered 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 matched peer with the treating health care professional. This case was reviewed by a health care professional licensed in chiropractic care. \_\_\_'s health care professional 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

This patient was injured on \_\_\_ while lifting feed bags weighing between 50 to 100 pounds, hurting his left shoulder. The patient was treated by a physician for nearly a year and only received injections. He then changed providers and saw a chiropractor who started him on conservative active and passive therapies. The patient improved greatly and eventually was released to full work activities.

### Requested Service(s)

Office visit on 07/19/02

### Decision

It is determined that the office visit on 07/19/02 was not medically necessary to treat this patient's condition.

### Rationale/Basis for Decision

The office visit on 07/19/02 was on a self-directed basis on the part of the patient and no treatments were rendered. The patient complained of pain in the anterior left shoulder and the evaluation done on this date revealed muscle spasms in that area and improper left shoulder movement. The patient was diagnosed with rotator cuff syndrome, shoulder tendonitis, and muscle spasms. No treatments were rendered and no formal treatment plan was instituted regarding future care for the patient at this visit. The patient was placed on "PRN" care. Therefore, it is determined that the office visit on 07/19/02 was not medically necessary.

Sincerely,