

THIS DECISION HAS BEEN APPEALED. THE FOLLOWING IS THE RELATED SOAH DECISION NUMBER:

SOAH DOCKET NO. 453-04-3449.M5

MDR Tracking Number: M5-03-2002-01

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 April 7, 2003.

The IRO reviewed work hardening program from 4/30/02-5/2/02, 5/6/02, 5/15/02, 5/16/02, 5/21/02 denied the carrier 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.

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 June 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.

Both parties failed to submit copies of the EOBs. Therefore the dates of service with no EOBs will be reviewed according to the Medical Fee Guideline.

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

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR\$	Reference	Rationale
4/23/02	97750-FC	\$300.00	\$0.00	No EOB	\$300.00	<u>MFG, Medicine Ground Rule (I)(E)(2)(a-b)</u> Rule 133.307 (g)(3)	The requestor did not submit relevant information to support delivery of service. Therefore the requestor is not entitled to reimbursement of the disputed charge.
4/29/02	97545-WH	\$128.00	\$0.00	No EOB	\$128.00	<u>MFG, Medicine Ground Rule</u>	The requestor did not submit relevant

	97546-WH	\$384.00	\$0.00	No EOB	\$384.00	(II)(E)(1-10) Rule 133.307 (g)(3)	information to support delivery of service. Therefore the requestor is not entitled to reimbursement of the disputed charge.
5/3/02	97545-WH	\$128.00	\$0.00	N	\$128.00	MFG, Medicine Ground Rule (II)(E)(1-10)	The requestor did not submit relevant information to support delivery of service. Therefore the requestor is not entitled to reimbursement of the disputed charge.
	97546-WH	\$384.00	\$0.00	N	\$384.00		
5/7/02	97545-WH	\$128.00	\$0.00	N	\$128.00	MFG, Medicine Ground Rule (II)(E)(1-10)	The requestor did not submit relevant information to support delivery of service. Therefore the requestor is not entitled to reimbursement of the disputed charge.
	97546-WH	\$384.00	\$0.00	N	\$384.00		
5/8/02	97545-WH	\$128.00	\$0.00	No EOB	\$128.00	<u>MFG, Medicine Ground Rule</u> (II)(E)(1-10) Rule 133.307 (g)(3)	The requestor did not submit relevant information to support delivery of service. Therefore the requestor is not entitled to reimbursement of the disputed charge.
	97546-WH	\$384.00	\$0.00	No EOB	\$384.00		
5/9/02	97545-WH	\$128.00	\$0.00	N	\$128.00	MFG, Medicine Ground Rule (II)(E)(1-10)	The requestor did not submit relevant information to support delivery of service. Therefore the requestor is not entitled to reimbursement of the disputed charge.
	97546-WH	\$384.00	\$0.00	N	\$384.00		
5/10/02	97545-WH	\$128.00	\$0.00	No EOB	\$128.00	<u>MFG, Medicine Ground Rule</u> (II)(E)(1-10) Rule 133.307 (g)(3)	The requestor did not submit relevant information to support delivery of service. Therefore the requestor is not entitled to reimbursement of the disputed charge.
	97546-WH	\$384.00	\$0.00	No EOB	\$384.00		
5/13/02	97545-WH	\$128.00	\$0.00	No EOB	\$128.00	<u>MFG, Medicine Ground Rule</u>	The requestor did not submit relevant

	97546-WH	\$384.00	\$0.00	No EOB	\$384.00	(II)(E)(1-10) Rule 133.307 (g)(3)	information to support delivery of service. Therefore the requestor is not entitled to reimbursement of the disputed charge.
5/14/02	97545-WH	\$128.00	\$0.00	No EOB	\$128.00	<u>MFG, Medicine Ground Rule</u>	The requestor did not submit relevant information to support delivery of service. Therefore the requestor is not entitled to reimbursement of the disputed charge.
	97546-WH	\$384.00	\$0.00	No EOB	\$384.00	(II)(E)(1-10) Rule 133.307 (g)(3)	
5/15/02	97545-WH	\$128.00	\$0.00	No EOB	\$128.00	<u>MFG, Medicine Ground Rule</u> (II)(E)(1-10) Rule 133.307 (g)(3)	The requestor did not submit relevant information to support delivery of service. Therefore the requestor is not entitled to reimbursement of the disputed charge.
5/17/02	97545-WH	\$128.00	\$0.00	N	\$128.00	<u>MFG, Medicine Ground Rule</u> (II)(E)(1-10) Rule 133.307 (g)(3)	The requestor did not submit relevant information to support delivery of service. Therefore the requestor is not entitled to reimbursement of the disputed charge.
	97546-WH	\$384.00	\$0.00	No EOB	\$384.00		
5/20/02	97545-WH	\$128.00	\$0.00	N	\$128.00	MFG, Medicine Ground Rule (II)(E)(1-10)	The requestor did not submit relevant information to support delivery of service. Therefore the requestor is not entitled to reimbursement of the disputed charge.
	97546-WH	\$384.00	\$0.00	N	\$384.00		
5/21/02	97545-WH	\$128.00	\$0.00	N	\$128.00	MFG, Medicine Ground Rule (II)(E)(1-10)	The requestor did not submit relevant information to support delivery of service. Therefore the requestor is not entitled to reimbursement of the disputed charge.

5/22/02	97545-WH	\$128.00	\$0.00	No EOB	\$128.00	<u>MFG, Medicine Ground Rule (II)(E)(1-10)</u> Rule 133.307 (g)(3)	The requestor did not submit relevant information to support delivery of service. Therefore the requestor is not entitled to reimbursement of the disputed charge.
	97546-WH	\$384.00	\$0.00	No EOB	\$384.00		
5/23/02	97545-WH	\$128.00	\$0.00	No EOB	\$128.00	<u>MFG, Medicine Ground Rule (II)(E)(1-10)</u> Rule 133.307 (g)(3)	The requestor did not submit relevant information to support delivery of service. Therefore the requestor is not entitled to reimbursement of the disputed charge.
	97546-WH	\$384.00	\$0.00	No EOB	\$384.00		
5/24/02	97545-WH	\$128.00	\$0.00	N	\$128.00	<u>MFG, Medicine Ground Rule (II)(E)(1-10)</u>	The requestor did not submit relevant information to support delivery of service. Therefore the requestor is not entitled to reimbursement of the disputed charge.
	97546-WH	\$384.00	\$0.00	N	\$384.00		
5/28/02	97545-WH	\$128.00	\$0.00	No EOB	\$128.00	<u>MFG, Medicine Ground Rule (II)(E)(1-10)</u> Rule 133.307 (g)(3)	The requestor did not submit relevant information to support delivery of service. Therefore the requestor is not entitled to reimbursement of the disputed charge.
	97546-WH	\$384.00	\$0.00	N	\$384.00		
5/30/02	97545-WH	\$128.00	\$0.00	No EOB	\$128.00	<u>MFG, Medicine Ground Rule (II)(E)(1-10)</u> Rule 133.307 (g)(3)	The requestor did not submit relevant information to support delivery of service. Therefore the requestor is not entitled to reimbursement of the disputed charge.
	97546-WH	\$384.00	\$0.00	No EOB	\$384.00		
TOTAL			\$0.00				The requestor is not entitled to reimbursement of the disputed charges.

This Decision is hereby issued this 9th day of January 2004.

Margaret Q. Ojeda
Medical Dispute Resolution Officer
Medical Review Division
MQO/mqo

June 19, 2003

Re: MDR #: M5-03-2002-01

___ 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 was seen by the treating doctor for an injury sustained on her job as of ___. She underwent surgery to bilateral wrists and elbows and received post-surgical rehab for her injuries.

Disputed Services:

Work hardening from 04/30/02 through 05/21/02.

Decision:

The reviewer agrees with the determination of the insurance carrier. The reviewer is of the opinion that a work hardening program was not medically necessary in this case.

Rationale for Decision:

Using the FCE dated 04/23/02, the patient rated out at a light-medium work level. Her primary task performed on her job caused increased pain in bilateral wrists and elbows. However, a work hardening program has a mental health requirement that required an evaluation by a qualified mental health provider prior to entering the program to evaluate the worker's mental readiness for the program. The medical records provided contained no such evaluation indicating that the patient was having any sort of mental or depressive state during her treatment for her injuries.

In the medical judgment of the reviewer, and based on the lack of a psychological evaluation, the work hardening program is not medically necessary at this 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,