

MDR Tracking Number: M5-03-2359-01

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 05-21-03.

The IRO reviewed work conditioning and work hardening program and FCE rendered from 06-26-02 through 07-25-02 that was 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.

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 09-16-03, 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	MARS	Reference	Rationale
6-13-02 to 7-24-02 (29 DOS)	97545	\$128.00 (1 unit)	\$0.00	F/903, R, no eob	\$64.00 pr hr (CARF provider)	96 MFG Med GR II ( E)(3-5), Rule 133.307 (g)(3)(A-F)	F/903-Per TWCC Advisory 2003-02 no preauthorization required. R-No TWCC-21 filed MDR will review per 96 MFG. No eob – MDR will review per Rule 133.307(g)(3)(A-F) Requestor submitted relevant information to support delivery of service. Reimbursement

							recommended in amount of \$64.00 (CARF) per unit x 29 DOS = \$1856.00
6-13-02 to 7-24-02 (28 DOS)	97546	\$384.00 (6 units)	\$0.00	F/903, R, no eob	\$64.00 pr hr (CARF provider)	96 MFG Med GR II (E)(3-5), Rule 133.307(g)(3)(A-F)	F/903 Per TWCC Advisory 2003-02 no preauthorization required. R-No TWCC-21 filed MDR will review per 96 MFG. No eob – MDR will review per Rule 133.307(g)(3)(A-F). Requestor submitted relevant formation to support delivery of service. Reimbursement is therefore recommended in amount of \$64.00 (CARF) per 6 units X 28 DOS =\$10,752.00
7-11-02	97546	\$256.00 (4 units)	\$0.00	F/903	\$64.00 pr hr (CARF provider)	96 MFG E/M GR VI(b)	F/903 – Per TWCC advisory 2003-02 no preauthorization required. Requestor submitted relevant information to support delivery of service. Reimbursement is therefore recommended in the amount of \$64.00 (CARF) per 4 units X 1 DOS = \$256.00
7-11-02	97750-FC	\$200.00	\$0.00	F/903	\$200.00	96 MFG MED GR I (E)(2)(a)	F/903 – Per TWCC advisory 2003-02 no preauthorization required. Requestor submitted relevant information to support delivery of service. Reimbursement is therefore recommended in the amount of \$200.00
7-17-02	99212	\$36.80	\$0.00	R	\$32.00	96 MFG E/M GR VI(B)	R- No TWCC 21 filed MDR will review per 96 MFG. Requestor did

							not submit relevant information to support delivery of service. Reimbursement is therefore not recommended.
7-24-02	99214	\$81.65	\$0.00	No eob	\$71.00	Rule 133.307(g)(3) (A-F)	No eob – MDR will review per Rule 133.307(g)(3)(A-F) Requestor did not submit relevant information to support delivery of service. Reimbursement is therefore not recommended.
TOTAL		\$15,038.45	\$0.00		\$13,167.00		The requestor is entitled to reimbursement in the amount of \$ 13,064.00

This Decision is hereby issued this 1<sup>st</sup> day of March 2004.

Debra L. Hewitt  
Medical Dispute Resolution Officer  
Medical Review Division

DLH/dlh

**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 06-13-02 through 07-25-02 in this dispute.

This Order is hereby issued this 1<sup>st</sup> day of March 2004.

David R. Martinez, Manager  
Medical Dispute Resolution  
Medical Review Division

DRM/dlh

**NOTICE OF INDEPENDENT REVIEW DECISION**

September 12, 2003

**Re: IRO Case # M5-03-2359-01, Amended**

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, and who has met the requirements for TWCC Approved Doctor List or has been approved as an exception to the Approved Doctor List. 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 was injured on \_\_\_\_\_. The documentation provided for review does not include the mechanism of injury or any treatment notes prior to 6/17/02.

Requested Service(s)

Work hardening, FCE 6/26/02 and 7/25/02

Decision

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

Rationale

The documentation on the daily chart notes lack objective, quantifiable clinical findings to support the necessity of a work hardening program during the dates in dispute. From the documentation presented, limited as it was, objective findings and subjective complaints regarding the cervical spine did not support the necessity of a work hardening program. Short and long term goals for each date were repetitive, lacking any changes to support improvement in treatment protocol. From the documentation presented, it appears that the work hardening program was actually iatrogenic. On 7/17/02, treatment notes report that lumbosacral pain persists and is now going down the right lateral extremity to toes, left lateral extremity to knee with numbness and tingling bilaterally with neck pain and stiffness. On 7/24/02, the patient complained of persistent lower back pain with bilateral leg "pulling" and the pain was increasing with exercises. This all indicates that the program was inappropriate and iatrogenic.

The FCE on 7/25/02 was unreasonable and unnecessary with the patient's clinical presentation. From the documentation provided, it appears that the work hardening program had failed and was iatrogenic, and that the patient should have been referred to a neurosurgeon well before the dates in dispute.

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

Sincerely,

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