

MDR Tracking Number: M5-03-2880-01

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 07-07-03.

The IRO reviewed work hardening program, office visits, and physician conference rendered from 02-24-03 through 05-06-03 that were denied based upon "U".

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 program, office visits, and physician conference. 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 08-28-03, 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	MAR\$ (Maximum Allowable Reimbursement)	Reference	Rationale
03/03/03	99361	\$53.00	0.00	N	\$53.00	MFG E/M GR(XVIII)(B)	Soap notes do not confirm delivery of service No reimbursement recommended.
03/03/03	97545WH	\$128.00	\$102.40	F	(\$64.00 (5 hours) - \$102.40 paid) \$25.60	MFG MGR (II)(C)&(E)	Soap notes support delivery of service Recommended reimbursement \$25.60
03/10/03	99361	\$53.00	0.00	N	\$53.00	MFG E/M GR(XVIII)(B)	Soap notes do not confirm delivery of service No reimbursement recommended.

TOTAL	\$234.00		The requestor is entitled to reimbursement of \$ 25.60
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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 02-24-03 through 05-06-03 in this dispute.

This Decision is hereby issued this 20th day of January 2004.

Georgina Rodriguez
 Medical Dispute Resolution Officer
 Medical Review Division

August 27, 2003

Re: MDR #: M5-03-2880-01

___ 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 male claimant suffered a right knee injury in a work-related accident on ___. He has had a MRI indicating joint effusion, medial plica, at pad effusion, possible tearing of the anterior c cruciate ligament, and meniscal tearing. Upon examination it was determined that the patient had a Grade 2 tear of the medial collateral ligament with bursitis and possible tear of the posterior horn of the medial meniscus. The physician did injections and then eventually did arthroscopic surgery to the patient's right knee. He has also been through physical therapy and rehabilitation. He was then sent to work hardening to return him to work.

Disputed services:

Work hardening program, office visits, and physician conference, from 02/24/03 through 05/06/03.

Decision:

The reviewer agrees with the determination of the insurance carrier. The services in question were not medically necessary.

Rationale:

Although the FCE on 01/08/03 determined that the patient had not met his job level of "heavy" required fork work and he was just at "light", the work hardening notes provided for the dates of

02/24/03 through 05/06/03 focused on goals for the work hardening program but failed to show subjective or objective results of any of the work hardening program. The goals of the work hardening program are to strengthen muscles, increase range of motion, increase endurance to work longer and prepare the patient for return to work with a proper mindset through the group therapy sessions. In the documentation provided, there was no information which showed an increase in strength of the muscles, increase in range of motion, or any objective improvements during the work hardening program.

On 03/10/03, the limiting factors listed were still flexibility, strength, endurance, biomechanics and pain. Therefore, the reviewer feels this work hardening program was unnecessary due to lack of documentation provided to justify the need for a work hardening program.

According to Texas Labor Code 408:021(a), an employee is entitled to the care reasonably required in association with their injury and the treatment thereof. If the patient's condition is not stable, the care to maintain and promote healing is medically necessary.

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,