

MDR Tracking Number: M5-03-3094-01

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 July 28, 2003.

The IRO reviewed work hardening program rendered from 3/3/03, 3/11/03 through 3/19/03 denied based upon "V".

The Medical Review Division has reviewed the IRO decision and determined that the **requestor prevailed** on the issues of medical necessity. Therefore, upon receipt of this Order and in accordance with §133.308(r)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$460.00** for the paid IRO fee. 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 October 8, 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 the requestor and respondent failed to submit copies of EOBs for the date of service noted blow, therefore, the disputed charge 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
3/6/03	99213	\$48.00	\$0.00	No EOB	\$48.00	<u>MFG, Evaluation/ Management Ground Rule (VI)(B)</u> Rule 133.307 (g)(3)	The requestor failed to submit relevant information to support delivery of service. Reimbursement is not recommended.
TOTAL		\$48.00	\$0.00		\$48.00		The requestor is not entitled to reimbursement.

This Decision is hereby issued this 30th day 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 3/3/03 through 3/19/03 in this dispute.

This Order is hereby issued this 30th day of January 2004.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division
RL/mqo

August 22, 2003

Re: MDR #: M5-03-3094-01
IRO Certificate No.: IRO 5055

___ 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:

On ___ the claimant sustained an on-the-job injury to his neck and back. After his injury, the patient went to see the company doctor. His pain continued to increase so he sought medical care at the nearest emergency room where he received injections for pain. However, no medication or x-rays were rendered.

The patient then sought care from a chiropractor. A thorough examination was performed and an aggressive treatment program was begun. Appropriate referrals were made for additional evaluation which confirmed the patient's injuries. In addition, cervical and lumbar MRI's were ordered which indicated significant disk involvement. ERGOS diagnostic testing revealed continued weakness.

The patient continued to progress satisfactorily throughout the various levels of care. Based upon the exam findings and additional diagnostic testing, it was recommended that the patient progress into a work hardening program. The ERGOS report dated 03/03/03 indicates the patient had

improved; however, there continued to be significant areas of weakness that would prevent the patient from safely returning to his former occupation at a medium job classification. Therefore, the additional work hardening program was ordered.

Disputed Services:

Work hardening for dates of service in dispute 03/03/03 and 03/11/03 through 03/19/03.

Decision:

The reviewer disagrees with the determination of the insurance carrier. The services in question were medically necessary.

Rationale:

Each date of service was properly documented as to the reason who treatment was needed as well as all treatment rendered was appropriate to assist the patient in the recovery and to allow him to return to work.

In conclusion, all denied work hardening dates of service in dispute, 03/03/03, and 03/11/03 through 03/19/03, were, in fact, reasonable, usual, customary and medically necessary for the treatment of this patient's on-the-job injury.

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,