

AMENDED MEDICAL DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Type of Requestor: (x) HCP () IE () IC		Response Timely Filed? (x) Yes () No	
Requestor's Name and Address. Community Rehabilitation & Work Conditioning 433 W. 12 th St. Dallas, TX 75208		MDR Tracking No.:	M4-05-A598-01 (Previously M4-04-4374-01)
		TWCC No.:	
		Injured Employee's Name:	
Respondent's Name and Address Dallas Area Rapid Transit c/o ESIS Inc. for DART Box 15		Date of Injury:	
		Employer's Name:	Dallas Area Rapid Transit
		Insurance Carrier's No.:	00945001232

PART II: SUMMARY OF DISPUTE AND FINDINGS

Dates of Service		CPT Code(s) or Description	Amount in Dispute	Amount Due
From	To			
06/09/03	07/15/03	97545-WC & 97546-WC	\$2570.00	\$2,570.00

PART III: REQUESTOR'S POSITION SUMMARY

The requestor did not submit a position summary; however, the Requestor's Rational on the Table of Disputed Services states that the services were preauthorized.

PART IV: RESPONDENT'S POSITION SUMMARY

Position Summary states in part, "...Based on the opinions of dr. Beavers and Dr. Taba the claimant's problems stemmed from her pre-existing arthritis and not the torn meniscus that was repaired and healed, per the peer review from Dr. Blanchette no further treatment based on her review would be considered medically reasonable or necessary to the compensable injury."...

PART V: AMENDED MEDICAL DISPUTE RESOLUTION REVIEW SUMMARY, METHODOLOGY, AND/OR EXPLANATION

This Amended Findings and Decision supersedes all previous Decisions rendered in this Medical Payment Dispute involving the above Requestor and Respondent. The Medical Review Division's Decision of 06/15/05 was appealed and subsequently withdrawn by the Medical Review Division applicable to a Notice of Withdrawal of 07/21/05. An Order was rendered in favor of the Requestor. The Requestor appealed the Order to an Administrative Hearing as the Requestor did not agree with the calculation of the work conditioning charges that resulted in the withdrawal of the Findings and Decision of M4-04-4374-01. The non-CARF 20% reduction does not apply to work conditioning charges before 08/01/03.

On April 4, 2005 a Benefit Review Conference was held. The parties agreed that the compensable injury includes a torn meniscus or the right knee, and that the compensable injury does not include arthritis or a degenerative condition of the right knee.

On December 15, 2003 the health care provider submitted a dispute for non-payment of preauthorized services. The HCFA-1500's submitted with the dispute listed the diagnosis codes of 836.0 – Tear of medial cartilage or meniscus of knee, current; 844.8 – Other specified sites of knee and leg; and 959.7 – Knee. Leg, ankle, and foot. The health care provider did not submit any medical records documenting an arthritic or a degenerative condition of the right knee. Therefore, this dispute will be reviewed in accordance with the 1996 Medical Fee Guideline and TWCC Rules.

- CPT Code 97545-WC for dates of service 06/09/03, 06/10/03, 06/11/03, 06/12/03, 06/13/03, 06/17/03, 06/18/03, 06/19/03, 06/24/03, 06/25/03, 06/30/03, 07/01/03, and 07/03/03. The carrier has reimbursed the health care provider according to the non-CARF 20% reduction. According to the Medical Fee Guideline, Medicine Ground Rule (II)(D) Work Condition is considered a single disciplinary program. Per the 1996 MFG, MGR (II)(D)(4), work conditioning is paid at \$36.00 per hour; therefore, additional reimbursement in the amount of \$187.20 (\$14.40 x 13) is recommended.

- CPT Code 97546-WC for dates of service 06/09/03, 06/10/03, 06/11/03, 06/12/03, 06/13/03, 06/17/03, 06/18/03, 06/19/03, 06/24/03, 06/25/03, 06/30/03, 07/01/03, and 07/03/03. The carrier has reimbursed the health care provider according to the non-CARF 20% reduction. According to the Medical Fee Guideline, Medicine Ground Rule (II)(D) Work Condition is considered a single disciplinary program. Per the 1996 MFG, MGR (II)(D)(4), work conditioning is paid at \$36.00 per hour; therefore, additional reimbursement in the amount of \$511.20 (\$43.20 x 11 + 14.40 + 21.60) is recommended.
- CPT Code 97545-WC for dates of service 06/20/03, 06/23/03, 07/07/03, 07/09/03, 07/10/03, 07/14/03, and 07/15/03. Neither party submitted EOBs for these dates of service. Per Rule 133.307(e)(2)(B) the Requestor has submitted convincing evidence of a request for reconsideration; therefore, these dates of service will be reviewed according to the 1996 MFG. According to the Medical Fee Guideline, Medicine Ground Rule (II)(D) Work Condition is considered a single disciplinary program. Per the 1996 MFG, MGR (II)(D)(4), work conditioning is paid at \$36.00 per hour; therefore, additional reimbursement in the amount of \$504.00 (\$36.00 x 14 hours) is recommended.
- CPT Code 97546-WC for dates of service 06/20/03, 06/23/03, 07/07/03, 07/09/03, 07/10/03, 07/14/03, and 07/15/03. Neither party submitted EOBs for these dates of service. Per Rule 133.307(e)(2)(B) the Requestor has submitted convincing evidence of a request for reconsideration; therefore, these dates of service will be reviewed according to the 1996 MFG. According to the Medical Fee Guideline, Medicine Ground Rule (II)(D) Work Condition is considered a single disciplinary program. Per the 1996 MFG, MGR (II)(D)(4), work conditioning is paid at \$36.00 per hour; therefore, additional reimbursement in the amount of \$1,368.00 (\$36.00 38 hours) is recommended.

The calculation for the dates of service in dispute equaled \$2,570.40; however, the Requestor listed the disputed amount to be \$2,570.00; therefore, that amount will be ordered.

PART VI: AMENDED COMMISSION DECISION AND ORDER

Based upon the review of the disputed healthcare services, the Medical Review Division has determined that the requestor is entitled to additional reimbursement in the amount of \$2,570.00. The Division hereby **ORDERS** the insurance carrier to remit this amount plus all accrued interest due at the time of payment to the Requestor within 20-days of receipt of this Order.

Amended Order by:

Amy Rich

July 28, 2005

Authorized Signature

Typed Name

Date of Order

PART VII: YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the Amended Decision and has a right to request a hearing. A request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings/Appeals Clerk within 20 (twenty) days of your receipt of this decision (28 Texas Administrative Code § 148.3). This Amended Decision was mailed to the health care provider and placed in the Austin Representatives **Box 15** on _____. This Amended Decision is deemed received by you five days after it was mailed and the first working day after the date the Amended Decision was placed in the Austin Representative’s box (28 Texas Administrative Code § 102.5(d)). A request for a hearing should be sent to: Chief Clerk of Proceedings/Appeals Clerk, P.O. Box 17787, Austin, Texas, 78744 or faxed to (512) 804-4011. A copy of this Amended Decision should be attached to the request.

The party appealing the Division’s Amended Decision shall deliver a copy of their written request for a hearing to the opposing party involved in the dispute.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.

PART VIII: INSURANCE CARRIER DELIVERY CERTIFICATION

I hereby verify that I received a copy of this Amended Decision and Order in the Austin Representative’s box.

Signature of Insurance Carrier: _____ Date: _____

