

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective January 1, 2002 and Commission Rule 133.305 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.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. Therefore, in accordance with §133.308(q)(9), the Commission **Declines to Order** the respondent to refund the requestor for 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 in addition to medical necessity issues there were issues involving the Medical Fee Guideline**. The work hardening program with dates of service 7/5/01 through 7/27/01 were found to be not medically necessary. The remaining dates of service, the respondent's reasons for denying reimbursement and the Commission's rationale is found in the following table:

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
9/18/01	97545-WH 97546-WH	128.00 384.00	82.16 276.48	C C	82.16 276.48		The payment was reduced by the carrier based upon "C – contract". No information regarding this contract was submitted by either the requestor or respondent. The requestor is responsible to supply documentation either supporting or not supporting the existence of such a contract. Additional reimbursement is not recommended.
9/19/01	97545-WH 97546-WH	128.00 384.00	0.00 0.00	A A	102.40 307.20	Rule 134.600 (h)(10)	Denied by the carrier for lack of preauthorization. Preauthorization is not required for the first six weeks of work hardening. This service occurred during the first six weeks. The documentation submitted by the requestor supports delivery of service. Reimbursement (less 20% for a non-CARF program) is recommended.
9/20/01	97545-WH 97546-WH	128.00 384.00	0.00 0.00	A A	102.40 307.20	See above.	See above.
9/21/01	97545-WH 97546-WH	128.00 384.00	0.00 0.00	A A	102.40 307.20	See above.	See above.
9/24/01	97545-WH 97546-WH	128.00 384.00	0.00 0.00	A A	102.40 307.20	See above.	See above.
9/25/01	97545-WH 97546-WH	128.00 384.00	0.00 0.00	A A	102.40 307.20	See above.	See above.
TOTAL		3,072.00					The requestor is entitled to reimbursement of \$2,406.64 .

On this basis, the total amount recommended for reimbursement (\$2,406.64) does not represent a majority of the medical fees of the disputed healthcare and therefore, the requestor did not prevail in the IRO decision. Consequently, the requestor is not owed a refund of the paid IRO fee.

This Order is hereby issued this 15th day of January 2003.

Noel L. Beavers
Medical Dispute Resolution Officer
Medical Review Division

NLB/nlb

Pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay \$2,406.64 plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Order is applicable to dates of service 7/5/01 through 9/25/01 in this dispute.

This Order is hereby issued this 15th day of January, 2003.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

RL/nlb

NOTICE OF INDEPENDENT REVIEW DECISION **CORRECTED LETTER**
NOTE: Requested Service(s) Dates

May 31, 2002

David Martinez
Chief, Medical Dispute Resolution
Medical Review Division
Texas Workers Compensation Commission
4000 South IH-35, MS 40
Austin, TX 78704-7491

RE: MDR Tracking #: M5-02-2223-01
IRO Certificate #: 4326

The ___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ___ for independent review in accordance with TWCC §133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the rendered care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a ___ physician reviewer who is board certified in orthopedic surgery which is the same specialty as the treating physician. The ___ physician reviewer has signed a certification statement stating 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 the referral to ___ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This 33 year old female was injured while lifting a frame for a car seat on ____. The patient injured her neck as well as her lower back. She complained of some radiation into her right upper extremity with numbness of the right hand but no radiation to the lower extremities. An MRI of the cervical spine performed on 05/23/01 revealed a normal cervical spine. An MRI of the lumbar spine performed on 05/23/01 revealed mild disc desiccation and mild central disc bulging at the L4-5 disc level.

Requested Service(s)

A work hardening program billed between 07/05/01 and 07/16/01 as well as 07/20/01 through 07/27/01.

Decision

It is determined that the work hardening program billed between 07/05/01 and 07/27/01 as well as 07/20/01 through 07/27/01 was not medically indicated to treat this patient's condition.

Rationale/Basis for Decision

The medical record documentation indicates that the patient was experiencing inflammatory/overload facet arthrosis with sacroiliac dysfunction. This is a very common problem in the repetitive work force. The appropriate, acute physical therapy was not accomplished and the patient was referred to work hardening before the muscle guarding was cleared. The medical record documentation indicates that the patient's symptoms were worse after the work hardening sessions. A patient should not be accepted into a work hardening program until all the muscle guardings have been cleared.

Sincerely,