

MDR: Tracking Number M5-02-2691-01

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 IRO reviewed work hardening, supplies and FCE rendered from 5-2-01 to 7-19-01 that were denied based upon "U".

The Medical Review Division has reviewed the IRO decision. The IRO has not clearly determined the prevailing party over the medical necessity issues. Therefore, in accordance with §133.308(q)(2)(C), the commission shall determine the allowable fees for the health care in dispute, and the party who prevailed as to the majority of the fees for the disputed health care is the prevailing party.

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR\$ (Maximum Allowable Reimbursement)	Reference	Rationale
5-3-01 5-4-01 5-7-01 5-10-01 5-11-01 5-15-01	97545 WH	\$128.00	\$0.00	U	\$64.00 /hr for CARF Accredited	Section 408.021(a)	IRO concluded these services were medically necessary; therefore reimbursement of 6 dates X \$128.00 = \$768.00 is recommended.
5-3-01 5-4-01 5-7-01 5-10-01 5-11-01 5-15-01	97546 WH	\$384.00	\$0.00	U	\$64.00 /hr for CARF Accredited	Section 408.021(a)	IRO concluded these services were medically necessary; therefore reimbursement of 6 dates X \$384.00 = \$2304.00 is recommended.
7-19-01	97750FC (5 hrs)	\$500.00	\$0.00	U	\$100.00 / hr	Section 408.021(a)	IRO concluded these services were medically necessary; therefore reimbursement of \$500.00 is recommended.
TOTAL		\$3572.00					The requestor is entitled to reimbursement of <b>\$3572.00.</b>

The IRO concluded that FCE, nerve conduction study and the first two weeks of Work Hardening Program were medically necessary. The remainder of the program was not medically necessary.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

On this basis, the total amount recommended for reimbursement (\$3572.00) 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 dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On March 21, 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.

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
5-2-01	97546 WH	\$448.00	\$0.00	F	\$64.00 /hr for CARF Accredited	Medicine GR (II)(E)	Work hardening reports to support billed service were not submitted; therefore, no reimbursement is recommended.
5-2-01	97545 WH	\$128.00	\$0.00	F	\$64.00 /hr for CARF Accredited		
5-11-01	99070LS	\$55.00	\$0.00	No EOB	DOP	General Instructions GR (IV) and (III)	Requestor did not submit a report to support supplies; therefore, DOP was not met. No reimbursement is recommended.
TOTAL							The requestor is not entitled to reimbursement.

This Decision is hereby issued this 22<sup>nd</sup> day of August 2003.

Elizabeth Pickle  
Medical Dispute Resolution Officer  
Medical Review Division

**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 5-2-01 through 7-19-01 in this dispute.

This Order is hereby issued this 22<sup>nd</sup> day of August 2003.

Roy Lewis, Supervisor  
Medical Dispute Resolution  
Medical Review Division

July 23, 2003

Re: Medical Dispute Resolution  
MDR #: M5-02-2691-01  
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 Board Certified in Physical Medicine and Rehabilitation and in Electrodiagnostic Medicine.

**Clinical History:**

This male claimant sustained injuries to his back, left knee, and left upper extremity in a work-related accident on \_\_\_\_. He was treated with closed reduction of the fractures with an external fixation device that was later removed. After the removal of the fixation device, he continued to have weakness in his left upper extremity, pain in his left lower extremity, and pain in his back.

**Disputed Services:**

Work hardening program from 05/02/01 through 06/14/01, FCE on 07/19/01, and Nerve Conduction Study on 05/11/01.

**Decision and Rationale:**

The reviewer partially agrees with determination of the insurance carrier as follows:

- Nerve Conduction Study - the left upper and left lower extremities studies were medically necessary; the right upper and right lower extremities studies were not medically necessary in this case. There are very few notes indicating why the study was done. There was weakness in the left upper extremity after multiple fractures and the external fixation device. With the normal electromyography, some nerve conduction studies were indicated in the left upper extremity. Since everything was normal in the left upper extremity, and there were no abnormalities on history and physical on the right, there was no indication for studies to be done on the right upper extremity.

The same holds true for the lower extremities. Since there was a radicular component to the pain, i.e., radiation down the leg, with MRI's that were not diagnostic, the electromyography was indicated and a reasonable way to look for pathology. Again, there was no indication for studies to be done on the right lower extremity.

- Functional Capacity Evaluation on 7/19/01 was medically necessary in order to assess the patient's progress.
  
- Work Hardening Program: The first two weeks of the program were medically necessary, the remainder of the program was not medically necessary in this case. This patient had pain in his back and left leg that was keeping him from working, which indicated the need for a work hardening program. However, by the time he completed his second week of the program, he was close to the requirements of his job with his upper extremity. At this point, he could have been returned to his duties, giving no further indication for the work hardening program.

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,