

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 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

### **I. DISPUTE**

1. a. Whether there should be reimbursement for work hardening.
- b. The request was received on June 21, 2002.

### **II. EXHIBITS**

1. Requestor, Exhibit 1:
  - a. TWCC 60 and Letter Requesting Dispute Resolution
  - b. HCFA's
  - c. EOB
  - d. Medical Records
  - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit 2:
  - a. TWCC 60 and/or Response to a Request for Dispute Resolution
  - b. HCFA's
  - c. Audit summaries/EOB
3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on November 12, 2002. Per Rule 133.307 (g) (4) or (5), the carrier representative signed for the copy on November 14, 2002. The response from the insurance carrier was received in the Division on December 4, 2002. Based on 133.307 (i) the insurance carrier's response is untimely.
4. Notice of Medical Dispute is reflected as Exhibit #3 of the Commission's case file.

### **III. PARTIES' POSITIONS**

1. Requestor: Position statement not included.
2. Respondent: Position statement not included.

**IV. FINDINGS**

1. Based on Commission Rule 133.307(d) (1) (2), the only dates of service eligible for review are those commencing on November 10, 2001 and extending through December 21, 2001.
2. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS (Maximum Allowable Reimbursement)	REFERENCE	RATIONALE:
11/10/01	97545-WHAP	\$130.00	\$0.00	N	\$64.00/hr for CARF accredited  \$64.00 x 51 hrs = \$3,264.00	MFG, MGR (II)(C) & (E)  Rule 408.021	Requestor has submitted daily work hardening notes that document that services were rendered as billed. Reimbursement in the amount of \$3,264.00 is recommended.
11/13/01		\$130.00	\$0.00	N			
11/14/01		\$130.00	\$0.00	N			
11/15/01		\$130.00	\$0.00	N			
11/16/01		\$130.00	\$0.00	N			
11/19/01		\$130.00	\$64.00	N			
11/20/01		\$130.00	\$0.00	N			
11/21/01		\$130.00	\$0.00	N			
11/26/01		\$130.00	\$0.00	N			
11/27/01		\$130.00	\$0.00	N			
11/29/01		\$130.00	\$0.00	N			
11/30/01		\$130.00	\$0.00	N			
12/03/01		\$130.00	\$0.00	N			
12/04/01		\$130.00	\$0.00	N			
12/05/01		\$130.00	\$0.00	N			
12/06/01		\$130.00	\$0.00	N			
12/10/01		\$130.00	\$0.00	N			
12/11/01		\$130.00	\$0.00	N			
12/12/01		\$130.00	\$0.00	N			
12/13/01		\$130.00	\$0.00	N			
12/14/01		\$130.00	\$0.00	N			
12/17/01	\$130.00	\$0.00	N				
12/18/01	\$130.00	\$0.00	N				
12/19/01	\$130.00	\$0.00	N				
12/20/01	\$130.00	\$0.00	N				
12/21/01	\$130.00	\$0.00	N				

11/10/01	97546- WHAP	\$260.00	\$0.00	N	\$64.00/hr for CARF accredited  \$64.00 x 102 hrs - \$6,528.00	Requestor has submitted daily work hardening notes that document that services were rendered as billed. Reimbursement in the amount of \$6,528.00 is recommended.
11/13/01		\$260.00	\$0.00	N		
11/14/01		\$260.00	\$0.00	N		
11/15/01		\$260.00	\$0.00	N		
11/16/01		\$260.00	\$0.00	N		
11/19/01		\$260.00	\$128.00	N		
11/20/01		\$260.00	\$0.00	N		
11/21/01		\$260.00	\$0.00	N		
11/26/01		\$260.00	\$0.00	N		
11/27/01		\$260.00	\$0.00	N		
11/29/01		\$260.00	\$0.00	N		
11/30/01		\$260.00	\$0.00	N		
12/03/01		\$260.00	\$0.00	N		
12/04/01		\$260.00	\$0.00	N		
12/05/01		\$260.00	\$0.00	N		
12/06/01		\$260.00	\$0.00	N		
12/10/01		\$260.00	\$0.00	N		
12/11/01		\$260.00	\$0.00	N		
12/12/01		\$260.00	\$0.00	N		
12/13/01		\$260.00	\$0.00	N		
12/14/01	\$260.00	\$0.00	N			
12/17/01	\$260.00	\$0.00	N			
12/18/01	\$260.00	\$0.00	N			
12/19/01	\$260.00	\$0.00	N			
12/20/01	\$260.00	\$0.00	N			
12/21/01	\$260.00	\$0.00	N			
<b>Totals</b>		\$10,140.00	\$192.00			The Requestor is entitled to reimbursement in the amount of <b>\$9,792.00</b>

The above Findings and Decision are hereby issued this 18th day of February 2003.

Marguerite Foster  
 Medical Dispute Resolution Officer  
 Medical Review Division

**VI. ORDER**

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$9,792.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

This Order is hereby issued this 18th day of February 2003.

Roy Lewis, Supervisor  
 Medical Dispute Resolution  
 Medical Review Division

MF/mf