

**THIS DECISION HAS BEEN APPEALED. THE FOLLOWING IS THE RELATED SOAH DECISION NUMBER:**

**SOAH DOCKET NO. 453-03-2713.M5**

MDR Tracking Number: M5-02-3013-01

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 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.

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. Part of the work hardening program and other services were found to be medically necessary. There is still an unresolved fee dispute.

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR\$ (Maximum Allowable Reimbursement)	Reference	Rationale
11/26/01	97545WH	\$128.00	\$ 0.00	U	\$64.00/hr \$51.20/hr for non-CARF approved	IRO decision	The IRO determined that the work hardening program was medically necessary. Therefore, recommend reimbursement for non-CARF program. \$128.00 x 6 days = \$768.00 x .20 = \$614.40 + \$192.00 x .20 = \$153.60 + \$384.00 x .20 = \$307.20 + \$256.00 x 4 days = \$1024.00 x .20 = \$819.20 = \$1,894.40.
11/27/01	97546WH	\$192.00					
		\$128.00					
11/28/01		\$384.00					
		\$128.00					
11/29/01		\$256.00					
		\$128.00					
11/30/01		\$256.00					
12/01/01		\$128.00					
		\$256.00					
12/3/01	97545WH 97546WH	\$128.00 \$384.00	\$ 0.00	Z	\$64.00/HR if CARF	96 MFG Med. GR II	The preauthorization rule in effect when these services

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR\$ (Maximum Allowable Reimbursement)	Reference	Rationale
12/4/01 12/6/01 12/7/01 12/8/01		\$128.00 \$384.00 \$128.00 \$384.00 \$128.00 \$384.00 \$320.00			approved	E; Rule 134.600 (h)	were rendered stated preauthorization required after eight weeks of work hardening. These dates of service were in the second week of the program; therefore, preauthorization is not an issue. No additional documentation was submitted to support services rendered, therefore, no reimbursement is recommended.
12/10/01 12/11/01 12/12/01 12/13/01 12/14/01	97545WH 97546WH	\$128.00 \$384.00 \$128.00 \$256.00 \$128.00 \$384.00 \$128.00 \$320.00 \$128.00 \$320.00	\$ 0.00	U	\$64.00/hr \$51.20/hr for non-CARF approved	IRO decision	The IRO determined that the work hardening program was medically necessary. Therefore, recommend reimbursement for non-CARF program. \$128.00 x 5 days = \$640.00 x .20 = \$512.00 + \$384.00 x 2 days = \$768.00 x .20 = \$614.40 + \$256.00 x .20 = \$204.80 + \$320.00 x 2 = \$640.00 x .20 = \$512.00  = \$1,638.40.
12/17/01 12/18/01 12/19/01 12/20/01 12/21/01	97545WH 97546WH	\$128.00 \$320.00 \$128.00 \$256.00 \$128.00 \$384.00 \$128.00 \$384.00 \$128.00 \$384.00	\$ 0.00	U	\$64.00/hr \$51.20/hr for non-CARF approved	IRO decision	The IRO determined that the work hardening program was medically necessary. Therefore, recommend reimbursement for non-CARF program. \$128.00 x 5 days = \$640.00 x .20 = \$512.00 + \$384.00 x 3 = \$1152.00 x .20 = \$921.60 + \$256.00 x .20 = \$204.80 + \$320.00 x .20 = \$256.00 =  \$1,894.40.
12/26/01 12/27/01 12/28/01	97545WH 97546WH	\$128.00 \$384.00 \$128.00 \$384.00 \$128.00 \$384.00	\$ 0.00	U	\$64.00/hr \$51.20/hr for non-CARF approved	IRO decision	The IRO determined that the work hardening program was medically necessary. Therefore, recommend reimbursement for non-CARF program. \$128.00 x 3 days = \$384.00 x

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR\$ (Maximum Allowable Reimbursement)	Reference	Rationale
							.20 = \$307.20 + \$384.00 x 3 = \$1152.00 x .20 = \$921.60 =  \$1,305.60.
12/31/01 01/02/02 01/03/02 01/04/02	97545WH 97546WH	\$128.00 \$128.00 \$384.00 \$128.00 \$384.00 \$128.00 \$384.00	\$ 0.00	U	\$64.00/hr \$51.20/hr for non-CARF approved	IRO decision	The IRO determined that the work hardening program was medically necessary. Therefore, recommend reimbursement for non-CARF program. \$128.00 x 5 = \$640.00 x .20 = \$512.00 + \$384.00 x 3 = \$1152.00 x .20 = \$921.60 =  \$1,433.60.
12/10/01 12/13/01	99080-73 97750	\$ 15.00 \$215.00	\$ 0.00	V	\$ 15.00 \$43.00 per body area	IRO decision	The IRO determined that office visits, required report and physical performance testing was medically necessary. Recommend reimbursement of \$ 15.00 + \$43.00 + \$672.00 = \$730.00.
11/30/01 12/7/01 12/14/01 12/21/01 12/28/01 1/3/02 1/23/02 2/13/02 2/27/02 3/6/02 3/13/02 3/20/02 3/29/02 4/5/02	99213	\$ 48.00 x 14 = \$672.00	\$ 0.00	V	\$ 48.00		
TOTAL		\$11,270.00					

Consequently, the commission has determined that **the requestor prevailed** on the majority of the medical fees (\$8,896.40). Therefore, upon receipt of this Order and in accordance with §133.308(q)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$460.00** for the paid IRO fee.

The above Findings and Decision are hereby ordered this 13<sup>th</sup> day of February 2003.

Dee Z. Torres  
Medial Dispute Resolution Officer  
Medical Revision Division

Pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay \$9,356.40 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 11/26/01 through 4/5/02 in this dispute.

This Order is hereby issued this 13th day of February 2003.

Roy Lewis, Supervisor  
Medical Dispute Resolution  
Medical Review Division

RL/dzt

November 20, 2002

Re: Medical Dispute Resolution  
MDR #: M5.02.3013.01  
IRO Certificate No.: IRO 5055

Dear

\_\_\_ 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:

This male claimant crushed the distal phalanx of his left index finger on the job, which resulted in the amputation of the distal phalanx.

Treatment consisted of sixteen (16) weeks of physical therapy, six (6) weeks of work hardening, and stellate ganglion blocks due to the pain advancing into a chronic regional pain syndrome as diagnosed on 12/07/01.

Disputed Services:

Office visits, work hardening program and physical performance test during the periods 11/26/01 through 12/01/01 and 12/10/01 through 04/05/02.

Decision:

The reviewer disagrees with the determination of the insurance carrier. The reviewer is of the opinion that the services and treatments in question are medically necessary.

Rationale for Decision:

Following the failure to improve with physical therapy, the secondary stage is a work hardening program. Such a program should last for approximately six to eight weeks, and incorporate a functional capacity evaluation to evaluate the patient at the beginning of the program and at least one other towards the end of the program. Periodic evaluations in between to determine the level of the patient's status should also be obtained. This was the method of treatment in this case.

This patient's diagnosis changed to chronic regional pain syndrome. This requires a more specific care, which was given via stellate ganglion blocks, with still an option for further surgery for removing the first ray and neuroma. Appropriate procedures appear to have been followed.

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,