

THIS DECISION HAS BEEN APPEALED. THE FOLLOWING IS THE RELATED SOAH DECISION NUMBER: 453-04-7095.M5

MDR Tracking Number: M5-04-0799-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution- General, 133.307 titled Medical Dispute Resolution of a Medical Fee Dispute, 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. This dispute was received on 11-14-03.

The IRO reviewed work hardening program and FCE from 2-4-03 through 3-18-03.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. Consequently, the requestor is not owed a refund of 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.

This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On 2-3-04, 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\$ (Max. Allowable Reimbursement)	Reference	Rationale
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DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR\$ (Max. Allowable Reimbursement)	Reference	Rationale
2-19-03	97545W HAP	\$128.00	\$64.00	H	\$64.00/hr for CARF accredited	Rule 133.304(g) (3) (A-F)	Carrier paid half pending peer review. Carrier did not submit an EOB regarding the peer review results. Therefore, this review will be made per the 1996 <i>Medical Fee Guideline</i> . Relevant information supports delivery of service. Recommend additional reimbursement of \$64.00 x 2 = \$128.00.
	97546W HAP	\$128.00	\$64.00				
2-20-03 2-21-03 2-24-03 2-26-03 2-27-03	97545W HAP 97546W HAP (6 units per day)	\$128.00 x 5 days \$384.00 x 5 days	\$64.00 x 5 days \$192.00 x 5 days		\$64.00/hr for CARF accredited	Rule 133.307(g) (3) (A-F)	Same as above. Relevant information supports delivery of service. Recommend additional reimbursement of \$64.00 x 5 = \$320.00 + \$192.00 x 5 = \$960.00 = \$1,280.00
3-10-03 3-11-03 3-13-03 3-14-03	97545W HAP 97546W HAP (6 units per day)	\$128.00 x 4 days \$384.00 x 4 days	\$0.00	N	\$64.00/hr for CARF accredited		
TOTAL		\$4,864.00	\$1,408.00				The requestor is entitled to reimbursement of \$3,456.00.

This Decision is hereby issued this 14th day of April 2004.

Dee Z. Torres
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 Order is applicable for dates of service 2-19-03 through 3-14-03 in this dispute.

This Order is hereby issued this 14th day of April 2004.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

January 30, 2004

MDR #: M5-04-0799-01
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.

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.

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 Chronic Pain Management.

Information Provided for Review:

Correspondence
H&P and office notes
Physical Therapy notes
Functional Capacity Evaluation
Operative Reports

Clinical History:

The claimant in this case sustained an injury to the left hand on ____. Presenting complaints included left wrist pain and numbness. However, this was diagnosed as de Quervain's tenosynovitis and the claimant was treated conservatively and later with surgical tendon release. There apparently was some degree of favorable response to that surgical intervention; however, it was soon followed by a carpal tunnel release. The claimant continued to complain of problems with the wrist, and functional capacity evaluation of January 29, 2003 outlined decreased range of motion and strength

associated with that joint.

Disputed Services:

Work hardening and functional capacity during the period of 02/04/03 through 03/18/03

Decision:

The reviewer agrees with the determination of the insurance carrier and is of the opinion that the services and testing in disputed as stated was not medically necessary in this case.

Rationale:

On January 29th, a functional capacity evaluation discusses left wrist range of motion and strength impairments. It also indicated inability to perform job demands as a result of those issues. There is no indication within the documentation provided that suggested that participation in a work hardening program offered any advantage over specific physical therapy directed at the left wrist. Likewise, there is nothing within consideration of the updated functional capacity evaluation on March 18, 2003 that would suggest equivalent progresses could have been obtained by such a program.

Sincerely,