

THIS DECISION HAS BEEN APPEALED. THE  
 FOLLOWING IS THE RELATED SOAH DECISION NUMBER:  
 SOAH DOCKET NO. 453-04-6428.M5

MDR Tracking Number: M5-04-0980-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution- General, 133.307 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 12-03-03.

The IRO reviewed office visits, special report, x-rays, functional capacity examination, work hardening/conditioning, work hardening/conditioning each additional hour and impairment rating rendered from 04-16-03 through 06-12-03 that was denied based upon "V".

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 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 **medical necessity was not the only issue** to be resolved. This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On 03-12-04, 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\$	Reference	Rationale
4-22-03 through 5-5-03 (6 DOS)	97545-WH	\$768.00 (1 unit @ \$128.00 X 6 DOS)	\$0.00	A	\$64.00 per hour CARF provider	96 MFG MEDICINE GR (II)(E)(3-5)	Denied for preauthorization. No authorization required, as requestor is a CARF accredited provider and was exempt during the dates of service and not required to obtain preauthorization. Therefore, reimbursement is recommended in the amount of \$64.00 X 6 DOS = \$384.00

4-22-03 through 5-5-03 (6 DOS)	97546-WH	\$2,176.00 (4 units @ \$256.00 X 1 DOS, 6 units @ \$384.00 X 5 DOS (34 units billed))	\$0.00	A	\$64.00 per hour CARF provider	96 MFG MEDICINE GR (II)(E)(3-5)	Denied for preauthorization. No authorization required, as requestor is a CARF accredited provider and was exempt during the dates of service and not required to obtain preauthorization. Therefore, reimbursement is recommended in the amount of \$64.00 X 34 units = \$2,176.00
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DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR\$	Reference	Rationale
5-13-03 and 5-15-03 (2 DOS)	97545-WH	\$256.00 (1 unit @ \$128.00 X 2 DOS)	\$0.00	R	\$64.00 per hour CARF provider	96 MFG MEDICINE GR (II)(E)(3-5)	R - Denied for compensability. BRC on 3-18-02 resolved issue of compensability for DOS time frame. Reimbursement recommended in the amount of \$64.00 X 2 DOS = \$128.00
5-13-03 and 5-15-03 (2 DOS)	97546-WH	\$768.00 (6 units @ \$384.00 X 2 DOS)	\$0.00	R	\$64.00 per hour CARF provider	96 MFG MEDICINE GR (II)(E)(3-5)	R - Denied for compensability. BRC on 3-18-02 resolved issue of compensability for DOS time frame. Reimbursement recommended in the amount of \$64.00 X 6 units X 2 DOS = \$768.00
TOTAL		\$3,968.00	\$0.00				The requestor is entitled to reimbursement in the amount of \$3,456.00

This Decision is hereby issued this 17<sup>th</sup> day of May 2004.

Debra L. Hewitt  
 Medical Dispute Resolution Officer  
 Medical Review Division  
 DLH/dlh

**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 04-16-03 through 06-12-03 in this dispute.

This Order is hereby issued this 17<sup>th</sup> day of May 2004.

Roy Lewis, Supervisor  
Medical Dispute Resolution  
Medical Review Division  
RL/dlh

May 11, 2004

**REVISED REPORT**  
**Corrected items in dispute.**

MDR #: M5-04-0980-01  
IRO Certificate No.: 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 certified in Chiropractic Medicine.

**REVIEWER'S REPORT**

**Information Provided for Review:**

Correspondence  
Office and Physical Therapy notes  
Functional Capacity evaluation  
Radiology report

**Clinical History:**

Patient underwent surgery, physical examinations, physical medicine treatments and a regimen of work hardening after sustaining an on-the-job shoulder injury on \_\_\_.

**Disputed Services:**

Office visits, special report, x-rays, work hardening, each additional hour, impairment rating, and functional capacity exam, during the period of 04/16/03 through 06/12/03.

**Decision:**

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

**Rationale:**

While the treating doctor points to the improvement in shoulder range of motion as a basis for the treatment he performed, a close review of his data indicates that no material improvement actually occurred. Shoulder lifting and shoulder pulling static strength tests decreased and the small increases in shoulder range of motions were not significant when compared to normal range of motion. This lack of response confirms that further therapy and rehabilitation would not have been likely to improve the range of motion of the patient's shoulder. Moreover, if the work hardening treatment had truly been beneficial for the patient's shoulder condition, it is unlikely that she would have sustained a re-injury just 15 days after returning to work.

Sincerely,