

MDR Tracking Number: M5-04-1154-01

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 November 5, 2003.

The Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that the work hardening initial and each additional hour for 12-16-02 through 01-09-03 were not medically necessary. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

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

On May 20, 2004, 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 identifies the disputed services and Medical Review Division's rationale:

The carrier denied 100% of payment of the MAR for the services rendered that are listed below. The carrier denied these services with "C"-Negotiated contract price. However, the requestor submitted a position statement that states they do not have a negotiated contract with this insurance carrier. The insurance carrier did not submit convincing evidence that there is a contract with the requestor for the disputed services. Therefore, the disputed charges will be reviewed according to 1996 MFG as follows.

TWCC records indicate the Requestor was a CARF accredited facility at the time the services listed below were rendered for a work hardening program. Per Rule 134.20 (e) (5) (A), if a program is CARF accredited, the modifier "AP" shall follow the appropriate program modifier and the hourly reimbursement shall be 100% of the MAR. The MAR for the Work Hardening program is \$64.00 per hour.

- The requestor billed \$128.00 (\$64.00/hr x 2hrs per day) for 5 days for [97545-WH-AP](#) on 11-25-02, 11-26-02, 12-02-02,12-03-02 and 12-21-02. Respondent paid \$357.12. Recommend additional reimbursement of \$282.88. ($\$128 \times 5 = \640.00 minus $\$357.12 = \282.88 .)
- The requestor billed \$384.00 (\$64.00/hr x 6hrs per day) for 4 days for [97546-WH-AP](#) on 11-25-02, 11-26-02, 12-02-02, and 12-21-02. Respondent paid \$622.08. Recommend additional reimbursement of \$913.92. ($\$384.00 \times 4 = \1536.00 minus $\$622.08 = \913.92)

- The requestor billed \$320.00 (\$64.00/hr x 5/hrs) for 1 day for 97546-WH-AP on 12-03-02. Respondent paid \$144.00. Recommend additional reimbursement of \$176.00. (\$320.00 minus \$144.00 = \$176.00)
- The requestor billed \$85.10 for 99203 on 12-03-02. The MAR is \$74.00. The requestor paid \$66.60. Recommend additional reimbursement of \$7.40. (\$74.00 – \$66.60=\$7.40)

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 11-25-02 through 12-21-02 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Order is hereby issued this 1st day of October 2004.

Patricia Rodriguez
Medical Dispute Resolution Officer
Medical Review Division

PR/pr

NOTICE OF INDEPENDENT REVIEW DETERMINATION

MDR Tracking Number: M5-04-1154-01
IRO Certificate Number: 5259

March 18, 2004

An independent review of the above-referenced case has been completed by a chiropractic doctor. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by Texas Medical Foundation, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

___ hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to ___.

Sincerely,

CLINICAL HISTORY

Patient was a 20-year-old female who developed pain in her neck and right upper extremity on ___ due to repetitive trauma and began treating with a doctor of chiropractic for conservative management. (Note: The records submitted are conflicting, and some bear the date of injury as ___)

REQUESTED SERVICE(S)

Work hardening (97545-WH-AP) and work hardening, each additional hour (97546-WH-AP) for dates of service 12/16/02 through 01/09/03.

DECISION

Denied.

RATIONALE/BASIS FOR DECISION

The medical records submitted for review that included her past responses in therapy, coupled with the fact that ___ was already working at a level of light PDL, failed to properly qualify her for a work hardening program. Moreover, the records also reflected that many of the activities that would normally be included in a work hardening program were "on hold" and not performed due to her late-term pregnancy. Further, the records do not document that the work hardening program sufficiently simulated her job duties. And finally, the records inadequately established the necessity for either psychiatric or psychologic intervention as a result of this injury – or, for an interdisciplinary type of approach to treatment of any kind – because the claims that the patient reported "problems sleeping, irritability, temper problems, problems concentrating, and relationship problems" appear to relate more to her pregnancy than to the injury in question.