

MDR Tracking Number: M5-04-1193-01

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 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 12-30-03.

Dates of service prior to 12-30-02 were not considered in the decision because they were submitted untimely per above referenced rule.

The IRO reviewed work hardening program from 01-14-03 through 01-17-03 that were denied based upon "V".

The Medical Review Division has reviewed the IRO decision and determined that the **requestor prevailed** on the issues of medical necessity. Therefore, upon receipt of this Order and in accordance with §133.308(r)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$650.00** for the paid IRO fee. For the purposes of determining compliance with the order, the Commission will add 20-days to the date the order was deemed received as outlined on page one of this order.

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 April 13, 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 table identifies the disputed services and Medical Review Division's rationale:

Prior to sending the case to an IRO, the Medical Review Division forwarded the dispute to the insurance carrier, affording them the opportunity to submit documentation. Neither party submitted EOBs to support services identified as "No EOB". After the case had been sent to the IRO and an IRO decision was received, the requestor submitted the missing EOBs for the following dates which indicate that services were originally denied based upon "V." Since they were untimely submitted, they were not considered. The following services will be reviewed in accordance with *Medical Fee Guideline*.

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
01-22-03 01-23-03 01-24-03 02-10-03 02-11-03 02-12-03	97545WHAP	\$128.00	\$0.00	No EOB	\$64.00/hr	Medicine GR (II)(E)	Service supports billing per MFG, reimbursement of \$128.00 X 6 dates = \$768.00
01-20-03 01-21-03 01-22-03 01-23-03 01-24-03 02-10-03 02-11-03 02-12-03 02-13-03 02-14-03	97546WHAP	\$384.00 \$256.00 \$384.00 \$384.00 \$384.00 \$320.00 \$384.00 \$384.00 \$384.00 \$320.00	\$0.00	No EOB	\$64.00/hr		Service supports billing per MFG, reimbursement of \$384.00 X 7 dates = \$2688.00 + \$256.00 for 1 date + \$320.00 X 2 dates = \$640.00 totals \$3584.00
TOTAL							The requestor is entitled to reimbursement of \$4352.00.

This Decision is hereby issued this 19th day of August 2004.

Elizabeth Pickle
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 Decision is applicable for dates of service 01-14-03 through 02-14-03 in this dispute.

This Order is hereby issued this 19th day of August 2004.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

NOTICE OF INDEPENDENT REVIEW DECISION

Revised Notice 06/25/04
Note: Attachment Added

May 26, 2004

Amended Letter 10/12/2004

Rosalinda Lopez
Program Administrator
Medical Review Division
Texas Workers Compensation Commission
7551 Metro Center Drive, Suite 100, MS 48
Austin, TX 78744-1609

RE: MDR Tracking #: M5-04-1193-01
 IRO Certificate #: IRO 4326

The ___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ___ for independent review in accordance with TWCC §133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the rendered care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a ___ physician reviewer who is board certified in Family Practice, is licensed by the Texas State Board of Medical Examiners in 1978 and who provides health care to injured workers. This is the same specialty as the treating physician. The ___ physician reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to ___ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This patient sustained a work-related injury on ___ when he was bending over and experienced low back pain with pain to the right leg. The patient underwent a lumbar discectomy on 07/10/02. A portion of the patient's treatment program included a work-hardening program in which the patient participated from 12/16/02 through 02/14/03.

Requested Service(s)

Work hardening (initial and additional hours) for dates of service 01/14/03 through 01/17/03 and 01/20/03 through 01/24/03.

Decision

It is determined that the work hardening program (initial and additional hours) attended from 12/16/02 through 02/14/03 was medically necessary to treat this patient's condition. Specially questioned dates of service 01/14/03 through 01/17/03 and dates of service 01/20/03 through 01/24/03 were medically necessary to treat this patient's medical condition.

Rationale/Basis for Decision

The medical record documentation indicates that the patient was experiencing pain due to this work related injury. He participated and progressed in a work hardening program in an effort to return to his employment. The patient completed the program and met most of his goals with the recommendation to return to work to a position in the medium to heavy level. Therefore, the work hardening program (initial and additional hours) attended from 12/16/02 through 02/14/03 was medically necessary to treat this patient's condition and specially questioned dates of service 01/14/03 through 01/17/03 and 01/20/03 through 01/24/03 were medically necessary to treat this patient's medical condition.

Sincerely,

Attachment