

MDR Tracking Number: M5-04-1201-01

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 12-23-03.

The IRO reviewed work hardening program rendered from 7-11-03 through 7-25-03 that were 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 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.

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 March 17, 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:

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR\$ (Maximum Allowable Reimbursement)	Reference	Rationale
7-9-03 7-10-03 7-16-03 7-17-03 7-18-03	97545WHAP	\$128.00	\$0.00	N	\$64.00 / hr X 2 = \$128.00	Medicine GR (II)(E)	Work hardening reports support delivery of service, reimbursement of \$128.00 X 11 dates = \$1408.00.

7-21-03 7-23-03 7-24-03 7-28-03 7-30-03 7-31-03							
7-9-03 7-10-03 7-16-03 7-17-03 7-18-03 7-21-03 7-23-03 7-24-03 7-28-03 7-30-03 7-31-03	97546WHAP	\$128.00	\$0.00	N	\$64.00 / hr X 2 = \$128.00	Medicine GR (II)(E)	Work hardening reports support delivery of service, reimbursement of \$128.00 X 11 dates = \$1408.00.
8-1-03 8-4-03 8-5-03 8-6-03 8-7-03 8-8-03 8-12-03 8-13-03	97545WHAP	\$128.00	\$0.00	N	\$64.00 / hr X 2 = \$128.00	Rule 134.202	Work hardening reports support delivery of service, reimbursement of \$128.00 X 8 dates = \$1024.00.
8-1-03 8-4-03 8-6-03 8-7-03 8-8-03 8-12-03	97546WHAP	\$128.00	\$0.00	N	\$64.00 / hr X 2 = \$128.00	Rule 134.202	Work hardening reports support delivery of service, reimbursement of \$128.00 X 6 dates = \$768.00.
8-5-03	97546WHAP	\$48.00	\$0.00	No EOB	\$64.00 / hr TWCC60 indicates amount in dispute is \$48.00	Rule 134.202	Work hardening reports support delivery of service, reimbursement of \$48.00 is recommended.

8-13-03	97546WHAP	\$112.00	\$0.00	No EOB	\$64.00 / hr TWCC60 indicates amount in dispute is \$112.00	Rule 134.202	Work hardening reports support delivery of service, reimbursement of \$112.00 is recommended.
8-12-03	97750FC X3	\$250.00	\$0.00	No EOB	\$26.73 X 125% = \$33.41	Rule 134.202 (c)(1)	Reimbursement of \$100.23 is recommended.
TOTAL							The requestor is entitled to reimbursement of \$4868.23 .

IV. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for CPT code(s) 97545WHAP, 97546WHAP and 97750FC in the amount of **\$4868.23**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$4868.23** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 15th day of September 2004.

Elizabeth Pickle
 Medical Dispute Resolution Officer
 Medical Review Division

Roy Lewis, Supervisor
 Medical Dispute Resolution
 Medical Review Division

March 12, 2004

Rosalinda Lopez
 Texas Workers' Compensation Commission
 Medical Dispute Resolution
 Fax: (512) 804-4868

Re: Medical Dispute Resolution
 MDR #: M5-04-1201-01
 TWCC#:
 Injured Employee:
 DOI:
 SS#:
 IRO Certificate No.: IRO 5055

Dear Ms. Lopez:

___ 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 and office visit notes
Physical Therapy & FCE
Radiology report

Clinical History:

This claimant was involved in a work-related accident on ___, injuring her right shoulder/cervical region. Immediate medical attention was not provided, and the claimant completed the remainder of her shift. The claimant initiated chiropractic treatment on 04/24/03. The claimant was removed from work and initiated into physical therapy applications that included manipulation, mobilization, cold pack, heat, traction, ultrasound, phonophoresis, electrical stimulation, microcurrent soft tissue work, rehabilitation, paraffin treatment, and neuromuscular reeducation.

On 05/05/03 aggressive physical therapy was advised. MR imaging of the cervical spine on 06/02/03 revealed unremarkable findings. Electrodiagnostics of the upper quarter on 06/02/03 that included an EMG/NCV revealed a mild right C6/7 radiculopathy. A neurological consult on 06/02/03 revealed a mild right C6/7 radiculopathy. On 06/02/03, the claimant underwent an independent medical examination (IME) and a functional capacity evaluation (FCE), which revealed that the claimant did not have any restriction as a result of the ___ injury. Work-hardening services were performed by the provider from 07/01/03 through 08/18/03.

Disputed Services:

Work hardening program during the period of 07/11/03 through 07/25/03

Decision:

The reviewer agrees with the determination of the insurance carrier and is of the opinion that the work hardening program in dispute was not medically necessary in this case.

Rationale:

The claimant's injury does not typically fit within the therapeutic model commonly utilized when progressing to a trial of upper level therapeutics. The provider's choice of implementing a 6-week course of work hardening is well beyond the scope of the injury identified in the reviewed medical records. There is no qualitative/quantitative data

presented with the reviewed medical records that would warrant the application of upper level therapeutics in the management of this claimant's condition.

Criteria warranting a 30-session trial of work hardening are not clear in the reviewed medical record. Of further comment, the claimant was found to have no work restriction and no impairment of function in her examination on 06/23/03. A true psychosocial baseline of function is not evident in the reviewed medical record to warrant the application of the behavioral-focused upper level therapeutics.

The established diagnosis in the provided medical records does not warrant the provider's transition of the claimant to upper level therapeutics in any duration.

The aforementioned information has been taken from the following guidelines of clinical practice and/or peer reviewed references.

- Hanada, E. Y. *Efficacy of Rehabilitation Therapy in Regional Musculoskeletal Conditions*. Dft Pract Ras Clin Rheumatol. 2003 Feb; 17(1): 151-66.
- Jordan, A., et al. *Rehabilitation of Neck/Shoulder Patients in Primary Healthcare Clinics*. J Manipulative Physiol Ther 1996 Jan; 19(1): 32-5.
- *Overview of Implementation of Outcome Assessment Case Management in the Clinical Practice*. Washington State Chiropractic Association; 2001. 54 p.

Sincerely,