

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. The dispute was received on 6-21-04.

The Medical Review 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, Work Conditioning and Functional Capacity Evaluation from 9-22-03 through 10-23-03 were not medically necessary. Consequently, the requestor is not owed a refund of the paid IRO fee.

Based on review of the disputed issues within the request, the Medical Review Division has determined that medical necessity fees were not the only fees involved in the medical dispute 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 9-14-04, 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 work conditioning from 9-15-03 through 9-19-03 was denied with an H – “Reimbursement is based upon half of the fee amount pending decision of audit or review.” According to Rule 133.304 (d) and (e): If, on the 45th day after the date of receipt of a complete bill, the insurance carrier has notified a health care provider of its intent to perform an onsite audit in accordance with §133.302 of this title (relating to Preparation for an Onsite Audit), and the insurance carrier has not completed the audit in accordance with §133.303 of this title (relating to Onsite Audits), the insurance carrier shall pay no less than 50% of the maximum allowable reimbursement amounts provided by the Commission fee guidelines in effect for the dates of service being audited or 50% of the amount billed for treatment(s) and/or service(s) without an established maximum allowable reimbursement, and shall include the explanation of benefits with the payment.
(e) Within seven days of completing an onsite audit performed in accordance with §133.303, the insurance carrier shall take final action on the bill, consistent with the results of the audit. Reimbursement at the CARF rate is recommended according to 134.201(5)(C)(ii) at \$64 per hour. There were ten sessions between 9-15-03 and 9-19-03. The requestor billed \$72 per session for a total of \$720.00. The MAR is \$64 per session for a total of \$640.00. The requestor has already paid \$360.00. **Recommend an additional payment of \$280.00.**

This Decision and Order is hereby issued this 8th day of October, 2004.

Medical Dispute Resolution Officer

Medical Review Division

Enclosure: IRO decision

MEDICAL REVIEW OF TEXAS

[IRO #5259]

3402 Vanshire Drive

Austin, Texas 78738

Phone: 512-402-1400

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NOTICE OF INDEPENDENT REVIEW DETERMINATION

REVISED 9/13/04

TWCC Case Number:	
MDR Tracking Number:	M5-04-3598-01
Name of Patient:	
Name of URA/Payer:	Syzygy Associates, LP
Name of Provider: (ER, Hospital, or Other Facility)	Syzygy Associates, LP
Name of Physician: (Treating or Requesting)	Douglas Beman, DC

August 6, 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

Medical Review of Texas (MRT) 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 MRT.

Sincerely,

Michael S. Lifshen, MD
Medical Director

cc: Texas Workers Compensation Commission

August 6, 2004

REVISED 9/13/04

CLINICAL HISTORY

Patient underwent surgery and physical medicine treatments after injuring his right shoulder at work on 08/31/02.

REQUESTED SERVICE(S)

97545-WH, 97546-WH-each additional hour, 97750-FC Functional Capacity Evaluation from 9/22/03 through 10/23/03.

DECISION

Denied.

RATIONALE/BASIS FOR DECISION

Since no medical records were submitted for any treatment dates prior to September 2003, the only real record on which to base medical necessity for the care in question is the FCE performed on 09/08/03. As the carrier reviewer so accurately described in his reports dated 11/18/03 and 03/01/04, the FCE failed to document that the patient gave reliable effort. Although the "Request for Reconsideration" dated 06/09/04 classifies this failure as "at best a minimal aspect of this patient's limitations," this reviewer disagrees since obtaining reliable effort is absolutely essential in order to accurately evaluate the patient and the need for further care. Therefore, the data obtained did not document the medical necessity of the work conditioning/hardening treatments nor the multiple functional capacity evaluations that were performed.

Moreover, the treatment in question was medically unnecessary since it failed to promote recovery. That statement is documented by the decrease in shoulder ranges of motion from the 09/08/03 FCE (normal at the initiation of care) to the 10/23/03 FCE (at the termination of care).