

MDR Tracking Number: M5-04-4238-01

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 (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 August 16, 2004.

The IRO reviewed CPT Codes 97545, 97546 and 97750-FC for dates of service 08/21/03 through 09/10/03 that was denied based upon "U".

The Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the majority of the medical necessity issues. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

The work hardening, initial and each additional hour, CPT Codes 97545 and 97546 and the physical performance testing 97750 from 08/21/03 through 08/26/03 **were** found to be medically necessary. The work hardening, initial and each additional hour, CPT Codes 97545 and 97546 from 08/27/03 through 09/10/03 **were not** found to be medically necessary. The respondent raised no other reasons for denying reimbursement for CPT Codes 97545, 97546 and 97750-FC.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was the only issue** to be resolved.

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the Respondent to pay the unpaid medical fees outlined above as follows:

- In accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) for dates of service through July 31, 2003;
- In accordance with Medicare program reimbursement methodologies for dates of service after August 1, 2003 per Commission Rule 134.202 (c);
- 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 to dates of service 08/21/03 through 08/26/03 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 Decision and Order is hereby issued this 24th day of October, 2004

Marguerite Foster
Medical Dispute Resolution Officer
Medical Review Division
MF/mf
Enclosure: IRO decision

October 19, 2004

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M5-04-4238-01
TWCC #:
Injured Employee:
Requestor:
Respondent:
----- Case #:

----- has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The ----- IRO Certificate Number is 5348. Texas Worker's Compensation Commission (TWCC) Rule §133.308 allows for a claimant or provider to request an independent review of a Carrier's adverse medical necessity determination. TWCC assigned the above-reference case to ----- for independent review in accordance with this Rule.

----- has performed an independent review of the proposed care to determine whether or not the adverse determination was appropriate. Relevant medical records, documentation provided by the parties referenced above and other documentation and written information submitted regarding this appeal was reviewed during the performance of this independent review.

This case was reviewed by a practicing physician on the ----- external review panel. The reviewer has met the requirements for the ADL of TWCC or has been approved as an exception to the ADL requirement. This physician is board certified in physical medicine and rehabilitation and is familiar with the condition and treatment options at issue in this appeal. The ----- physician reviewer signed a statement certifying that no known conflicts of interest exist between this physician and any of the treating physicians or providers or any of the physicians or providers who reviewed this case for a determination prior to the referral to ----- for independent review. In addition, the ----- physician reviewer certified that the review was performed without bias for or against any party in this case.

Clinical History

This case concerns a 44 year-old female who sustained a work related injury on ----- . The patient reported that while at work she injured her right knee and right wrist when she slipped and fell. The initial diagnoses for this patient included right knee and wrist contusion. An MRI of the right knee performed on 6/17/03 revealed no evidence of a meniscal tear, ligamentous disruption or occult bone injury, but a mild effusion and a thickened medial synovial plica were seen. An EMG/NCV performed on 8/28/03 revealed early right carpal tunnel syndrome with no evidence of axonal and demyelination changes. The current diagnoses for this patient include RSD, right cubital tunnel, right carpal tunnel, right radial tunnel, right middle trigger finger, lumbar HNP, myalgia and myositis. Treatment for this patient's condition has included physical therapy, arthrocentesis, injections, oral medications, neuromuscular stimulator, prefab LSO, and a work hardening program.

Requested Services

Work Hardening, initial and each additional hour, 97545 and 97546 and physical performance test 97750FC from 8/21/03 through 9/10/03.

Documents and/or information used by the reviewer to reach a decision:

Documents Submitted by Requestor:

1. Summary of Requestor's Position 8/11/04
2. Work Hardening Daily Note 8/25/03 – 9/10/03
3. Group Psychotherapy Progress Note 8/25/03 – 9/5/03

Documents Submitted by Respondent:

1. Independent Review Organization Summary 9/17/04
2. X-ray reports 5/10/03
3. Range of Motion/muscle testing report 6/16/06, 6/20/03, 7/11/03, 7/16/04
4. MRI report 6/17/03
5. EMG/NCV report 8/28/03
6. Follow Up and Therapy Progress notes 6/25/03 – 9/1/04

Decision

The Carrier's denial of authorization for the requested services is partially overturned.

Rationale/Basis for Decision

The ----- physician reviewer noted that this case concerns a female who sustained a work related injury to her right knee and right wrist on ----- . The ----- physician reviewer also noted that initial treatment for this patient's condition included extensive physical therapy, however, there was little improvement noted. The ----- physician reviewer further noted that the patient began a work hardening program on 7/25/03. The ----- physician reviewer indicated that work hardening programs have been shown to reduce the number of sick days in workers with chronic back pain. However, the ----- physician reviewer explained that work hardening has not been shown to be effective in other areas of injury. The ----- physician reviewer noted that the patient's job requirement was sedentary level (cashier). The ----- physician reviewer indicated that by 8/27/03 the patient was still in severe pain and not progressing well with the program. The ----- physician reviewer explained that by this time the work hardening program should have been discontinued and other modalities of treatment should have been sought. Therefore, the ----- physician consultant concluded that the work hardening, initial and each additional hour, 97545 and 97546 and physical performance test 97750 from 8/21/03 through 8/26/04 were medically necessary to treat this patient's condition. The ----- physician consultant further concluded that the work hardening, initial and each additional hour, 97545 and 97546 and physical performance test 97750FC from 8/27/03 through 9/10/03 were not medically necessary to treat this patient's condition.

Sincerely,

State Appeals Department