

MDR Tracking Number: M5-04-4308-01

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. The dispute was received on 8-23-04.

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 \$460** 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.

The IRO has determined that the work hardening program (initial and additional hours) rendered from 12/03/03 through 1/21/04 was medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed service.

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 September 15, 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.

CPT code 99455 WP V4 for date of service 1/27/04 was denied by the carrier with "N", not appropriately documented. The requestor did not submit additional documentation to support delivery of service in accordance with Rule 133.307 (g) (3). Therefore, **reimbursement is not recommended.**

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 in accordance with TWCC reimbursement methodologies for Return to Work Rehabilitation Programs for dates of service after August 1, 2003 per Commission Rule 134.202(e)(5) 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 12/03/03 through 1/21/04 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 November 2004.

Regina L. Cleave
Medical Dispute Resolution Officer
Medical Review Division

RLC/rlc
Enclosure: IRO decision

Amended Decision

November 12, 2004

Hilda Baker
TWCC Medical Dispute Resolution
7551 Metro Center Suite 100
Austin, TX 78744

Patient:
TWCC #:
MDR Tracking #: M5-04-4308-01
IRO #: 5284

Specialty IRO has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to Specialty IRO for independent review in accordance with TWCC Rule 133.308, which allows for medical dispute resolution by an IRO.

Specialty IRO has performed an independent review of the care rendered to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

This case was reviewed by a licensed Chiropractor. The reviewer is on the TWCC ADL. The Specialty IRO health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to Specialty IRO for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

CLINICAL HISTORY

According to the records received, the injured worker ___ was injured on ___. The patient was working for _____ at a _____ location when he was injured. The patient was injured when he was pushing a box down a conveyor belt when the belt caught his right hand. The patient injured his right hand. ___ initially presented to US Healthworks where he was treated for his injuries. The patient subsequently sought the care of Dr. Stoltz. According to the records, ___ suffered lacerations and a crush injury to his right hand and fingers.

Numerous treatment notes, diagnostic tests, staffing notes, evaluations, and other documentation were reviewed for this file. Records were received from the insurance carrier and from the treating providers.

Records from the Carrier included:

Comprehensive Medical Analysis from Austin and Associates

Peer Review by Dr. Clark

TWCC-1

US Healthworks Medical Group notes

TWCC-73's

Accident & Injury records

Open Air MRI of right hand

Dr. Edwards reports

Open Air MRI of the right wrist

Lone Star Radiology report of right hand and right wrist

Metroplex Diagnostics neurodiagnostic report

Dr. Laughlin report

FCE

Rehab 2112 notes

CARF accreditation letter

Job Description Form

Records from the Requestor/Doctor included:

276 pages of documentation provided by Rehab 2112

DISPUTED SERVICES

The item in dispute is the retrospective medical necessity of work hardening initial and each additional hour from 12-3-03 through 1-21-04.

DECISION

The reviewer disagrees with the previous adverse determination.

BASIS FOR THE DECISION

The basis for the determination is based upon the Medical Disability Advisor, 1996 Medical Fee Guidelines specific to Work Hardening, Industrial Rehabilitation-Techniques for Success and Occupational Medicine Practice Guidelines. Specifically, a Work Hardening program should be considered as a goal oriented, highly structured, individualized treatment program. The program should be for persons who are capable of attaining specific employment upon completion of the program and not have any other medical, psychological, or other condition that would prevent the participant from successfully participating in the program. The patient should also have specifically identifiable deficits or limitations in the work environment and have specific job related tasks and goals that the Work Hardening program could address. Generic limitations of strength range of motion, etc. are not appropriate for Work Hardening.

The patient had specifically identifiable limitations in his PDL classification and grip strength testing. The patient also has psychosocial factors noted in his documentation, which would necessitate work hardening. The patient is identified as a laborer and as a laborer relies on his hands and physical abilities to maintain gainful employment.

The patient attended six weeks of work hardening and made improvement and was discharged after the work hardening program with a return to work showing the efficacy of the work hardening program. The patient showed benefit from the program and met the criteria for entrance and exit of the program.

Specialty IRO has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. Specialty IRO has made no determinations regarding benefits available under the injured employee's policy. Specialty IRO believes it has made a reasonable attempt to obtain all medical records for this review and afforded the requestor, respondent and treating doctor an opportunity to provide additional information in a convenient and timely manner.

As an officer of Specialty IRO, Inc, dba Specialty IRO, I certify that there is no known conflict between the reviewer, Specialty IRO and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

Sincerely,

Wendy Perelli, CEO

CC: Specialty IRO Medical Director