

MDR Tracking Number: M5-05-0298-01

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, 133.307 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 09-21-04.

The IRO reviewed chronic pain management program and work hardening program rendered from 09-29-03 through 01-30-04 that were denied based upon "V".

The IRO determined that the chronic pain management from 09-29-03 through 11-04-03 **was** medically necessary. The IRO further determined that the work hardening program from 12-08-03 through 01-20-03 **was not** medically necessary.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor did not prevail** on the **majority** of 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 01-03-05, 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.

Review of CPT code 97799-CPCA date of service 11-05-03 revealed that neither the requestor nor respondent submitted an EOB. Per Rule 133.307(e)(2)(B) the requestor did not provide convincing evidence of carrier receipt of the providers request for an EOB. Per Rule 133.307(e)(3)(B) the respondent did not provide an EOB as required. No reimbursement recommended.

This Findings and Decision is hereby issued this 20th day of January 2005.

Debra L. Hewitt
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 Medicare program reimbursement methodologies for dates of service on or 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 Decision is applicable for dates of service 09-29-03 through 11-04-03 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 Order is hereby issued this 20th day of January 2005.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

RL/dlh

Enclosure: IRO Decision

December 31, 2004

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

REVISED REPORT Corrected date of service.

Re: Medical Dispute Resolution
MDR #: M5-05-0298-01
TWCC#:
Injured Employee:
DOI:
SS#:
IRO Certificate No.: IRO 5055

Dear Ms. Lopez:

IRI has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, IRI 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 Independent Review, Inc. 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.

Information and medical records pertinent to this medical dispute were requested from the Requestor and every named provider of care, as well as from the Respondent. The independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a physician who is licensed in chiropractic and is currently on the TWCC Approved Doctor List.

Sincerely,

Gilbert Prud'homme
Secretary & General Counsel

GP:thh

**REVIEWER'S REPORT
M5-05-0298-01**

Information Provided for Review:

TWCC-60, Table of Disputed Services, EOB's

Information provided by Requestor:

- Letter of medical necessity 10/18/04
- Physical therapy notes 12/12/03 – 01/30/04
- FCE's 01/19/04 – 02/10/04

Information provided by Respondent:

- Summary of carrier's position 10/07/04
- Medical record review 05/22/03

Information provided by Orthopedic Surgeon:

- Office notes 10/07/02 – 11/20/02
- Radiology report 10/07/02

Clinical History:

The patient was injured on the job on _____. She was evaluated, x-rayed, and received tetanus shot, antibiotics, and Toradol and was placed off of work. Additional medication was prescribed: Catalan and Amoxil. Over the course of the next few months, she was seen by an orthopaedic surgeon who recommended occupational therapy and continued

her off of work. In December of 2002, she requested a change of treating doctors. Initial evaluation by the new treating doctor indicated she should have therapy and an MRI. She was seen by another doctor who recommended electrodiagnostic studies. On 4/16/03, she described her pain in the right hand, index, and middle fingers with radiation into the right elbow. Medication at that time included Celebrex, Paxil, and Lidoderm patches. There was a recommendation for continued treatment and electrodiagnostic testing.

Disputed Services:

Chronic pain management program (09/29/03 – 11/04/03) and work hardening program (12/08/03 – 01/30/04).

Decision:

The reviewer partially disagrees with the determination of the insurance carrier and is of the opinion that the chronic pain management program from 09/29/03 thru 11/04/03 was medically necessary. However, the work hardening program from 12/08/03 thru 01/30/04 was not medically necessary in this case.

Rationale:

It is mentioned in the record that on 11/18/03 she completed a functional capacity evaluation as a discharge component of the pain program to evaluate her functionabilities with respect to her ability to return to work in the capacity as a machine operator. It is said that these results indicated the patient did not meet the requirements of medium to heavy physical demand level and indicated that she was able to work at a sedentary physical demand level. The reviewer questions the validity of this FCE. This patient was involved in an aggressive treatment program for over a year. During that time, there was an enormous amount of therapy, including occupational therapy. She completed 30 sessions of a multidisciplinary pain management program on 11/9/03.

Based upon the extensive treatment this patient had received as well as 30 sessions of pain management program, she should have progressed to the point as to be released to return to work status in conjunction with continuation of a home exercise program. There is not sufficient documentation to clinically justify a work-hardening program in this case after the patient had completed a pain management program. If, in fact, after a year of treatment this patient continued to have physical limitations, it would, in my opinion, be based more upon her overall body habitus of being 5 feet 2 inches and weighing 221 pounds versus any injury that had occurred over a year prior.

In conclusion, the chronic pain management program from 9/29/03 through 11/4/03 was medically necessary for the treatment of this patient's on-the-job injury. However, the work-hardening program from 12/8/03 through 1/30/04 was not medically necessary or clinically justified for the treatment of this patient's on-the-job injury.