

MEDICAL DISPUTE RESOLUTION FINDINGS AND DECISION

Retrospective Medical Necessity Dispute

PART I: GENERAL INFORMATION

| | |
|---|--|
| Type of Requestor: (X) HCP () IE () IC | Response Timely Filed? (X) Yes () No |
| Requestor's Name and Address Active Rehab Associates, PA DBA, Texas Workers Rehab of Dallas 9400 N. McArthur Blvd. Ste. 124-621 Irving, Texas 75063 | MDR Tracking No.: M5-05-2604-01 |
| | TWCC No.: |
| | Injured Employee's Name: |
| Respondent's Name and Address Hartford Insurance Company of the Midwest, Box 27 | Date of Injury: |
| | Employer's Name: |
| | Insurance Carrier's No.: |

PART II: SUMMARY OF DISPUTE AND FINDINGS – MEDICAL NECESSITY ITEMS

| Dates of Service | | CPT Code(s) or Description | Did Requestor Prevail? |
|------------------|---------|---------------------------------------|---|
| From | To | | |
| 8-13-04 | 8-30-04 | CPT codes 97545 WH-CA and 97546 WH-CA | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

PART III: MEDICAL DISPUTE RESOLUTION REVIEW SUMMARY, METHODOLOGY, AND/OR EXPLANATION

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code and Commission Rule 133.308 (relating to Medical Dispute Resolution by Independent Review Organization), the Medical Review Division assigned an Independent Review Organization (IRO) to conduct a review of the medical necessity issues between the requestor and respondent.

The Division has reviewed the enclosed IRO decision and determined that the requestor **prevailed** on the majority of the disputed medical necessity issues. The amount due the requestor for the medical necessity issues is \$4,016.00.

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 6-22-05 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.

Regarding CPT codes 97545-WH-CA and 97546-WH-CA on 8-25-04: Neither the carrier nor the requestor provided EOB's. Per Rule 133.307 (e)(2)(A) a copy of all medical bills as originally submitted to the carrier for reconsideration in accordance with 133.304 was not provided by the requestor. Recommend no reimbursement.

PART IV: COMMISSION DECISION AND ORDER

Based upon the review of the disputed healthcare services, the Medical Review Division has determined that the requestor is entitled to a refund of the paid IRO fee in the amount of \$460.00. The Division hereby **ORDERS** the insurance carrier to remit \$4,016.00 consistent with the applicable fee guidelines plus all accrued interest due at the time of payment to the Requestor within 20-days of receipt of this Order.

Finding and Decision by:

Donna Auby

8-24-05

Ordered by:

Margaret Ojeda

8-24-05

Authorized Signature

Typed Name

Date of Order

PART V: INSURANCE CARRIER DELIVERY CERTIFICATION

I hereby verify that I received a copy of this Decision in the Austin Representative's box.

Signature of Insurance Carrier: _____ Date: _____

PART VI: YOUR RIGHT TO REQUEST A HEARING

If you are unhappy with all or part of this decision, you have the right to appeal the decision. Those who wish to appeal decisions that were issued during the month of August 2005, should be aware of changes to the appeals process which take effect September 1, 2005.

House Bill 7, recently enacted by the 79th Texas Legislature, provides that an appeal of a medical dispute resolution order that is not pending for a hearing at the State Office of Administrative Hearings (SOAH) on or before August 31, 2005 is not entitled to a SOAH hearing. This means that the usual 20-day window to appeal to SOAH, found in Commission Rule 148.3, will be shortened for some parties during this transition phase. If you wish to seek an appeal of this medical dispute resolution order to SOAH, you are encouraged to have your request for a hearing to the Commission as early as possible to allow sufficient time for the Commission to submit your request to SOAH for docketing. A request for a SOAH hearing should be sent to: Chief Clerk of Proceedings/Appeals Clerk, P.O. Box 17787, Austin, Texas 78744 or faxed to 512-804-4011. A copy of this Decision should be attached to the request.

Beginning September 1, 2005, appeals of medical dispute resolution orders are procedurally made directly to a district court in Travis County [see Texas Labor Code, Sec. 413.031(k), as amended and effective Sept. 1, 2005). An appeal to District Court must be filed not later than 30 days after the date on which the decision that is the subject of the appeal is final and appealable.

Si prefiere hablar con una persona in español acerca de ésta correspondencia, favor de llamar a 512-804-4812.

NOTICE OF INDEPENDENT REVIEW DECISION

August 17, 2005

Program Administrator
Medical Review Division
Texas Workers Compensation Commission
7551 Metro Center Drive, Suite 100, MS 48
Austin, TX 78744-1609

RE: Injured Worker: _____
MDR Tracking #: M5-05-2604-01
IRO Certificate #: IRO4326

The Texas Medical Foundation (TMF) has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to TMF for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

TMF has performed an independent review of the rendered care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a matched peer with the treating health care professional. This case was reviewed by a health care professional licensed in Chiropractic Medicine. TMF's health care professional has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to TMF for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This 67 year-old male injured his low back on ____ while lifting boxes at his place of employment. He has been treated with therapy, medications and work hardening.

Requested Service(s)

Work hardening program from 08/13/04 through 08/30/04

Decision

It is determined that there is medical necessity for the work hardening program from 08/13/04 through 08/30/04 to treat this patient's medical condition.

Rationale/Basis for Decision

National treatment guidelines allow for this type of treatment for this type of injury. There is sufficient documentation to clinically justify the work hardening services performed. The report by the designated doctor on 08/31/04 indicated that the patient had not yet reached maximum medical improvement and he was awaiting a lumbar myelogram to determine if he was a surgical candidate. In his report, he noted that if the patient was determined to be a surgical candidate; surgery should be considered, if not, additional work hardening should be considered. Therefore, the work hardening program from 08/13/04 through 08/30/04 was both appropriate and medically necessary to treat this patient's medical condition.

Sincerely,



Gordon B. Strom, Jr., MD
Director of Medical Assessment

GBS:dm

Attachment

Attachment

Information Used by TMF in Decision

Patient Name: ____

TWCC ID #: M5-05-2604-01

Medical record documentation provided:

- Requestor Position
- Peer Review
- Independent Medical Review
- Procedures
- Designated Doctors Evaluation
- Diagnostic Tests
- Progress Notes
- Work Hardening
- Claims