

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 Monarch Pain Care Center 5151 Katy Fwy, Suite 305 Houston, TX 77007	MDR Tracking No.: M5-05-2708-01
	TWCC No.:
	Injured Employee's Name:
Respondent's Name and Address Hartford Underwriters Insurance, Box 27	Date of Injury:
	Employer's Name:
	Insurance Carrier's No.:

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

Dates of Service		CPT Code(s) or Description	Did Requestor Prevail?
From	To		
8-30-04	10-8-04	CPT code 97545-WHCA and CPT code 97546-WHCA	<input type="checkbox"/> Yes <input checked="" 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 did **not** prevail on the disputed medical necessity issues.

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.

In a Revised Table dated 8-15-05 the Requestor withdrew the following dates of service: 9-7-04, 9-8-04, 9-10-04, CPT Code 97545-WHCA for 9-22-04 and 9-9-04 and CPT code 97545-WHCA for 9-20-04. These services will not be a part of this review.

On 7-18-05 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 code 97546-WHCA on 9-9-04: The carrier reimbursed according to 134.202 (e)(5)(C)(ii) at \$64 per hour. Recommend no additional reimbursement.

Regarding CPT code 97545-WHCA and 97546-WHCA from 9-20-04 through 9-24-04: The carrier did not reimburse the requestor according to Rule 134.202 (e)(5)(C)(ii) at \$64 per hour. The carrier reimbursed at a rate of 80%. However, this provider is CARF accredited. The requestor provided documentation to support delivery of service per Rule 133.307(g)(3)(A-F). Recommend additional reimbursement of \$1,280.00.

Regarding CPT code 97545-WHCA and 97546-WHCA from 10-04 – 10-8-04: The carrier denied the services as “C – the services have been priced in accordance with a contract.” The carrier did not submit a copy of the contract. Recommend reimbursement according to Rule 134.202 (e)(5)(C)(ii) at \$64 per hour. Recommend additional reimbursement of \$2,560.00.

PART IV: COMMISSION DECISION

Based upon the review of the disputed healthcare services, the Medical Review Division has determined that the requestor is not entitled to a refund of the paid IRO fee. The Division hereby **ORDERS** the insurance carrier to remit the appropriate amount for the fee services in dispute consistent with the applicable fee guidelines totaling \$3,840.00, plus all accrued interest due at the time of payment, to the Requestor within 20-days of receipt of this Order.

Findings and Decision by:

_____	_____	8-17-05
_____	_____	_____
Ordered by:		8-17-05
_____	_____	_____
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.



Specialty Independent Review Organization, Inc.

August 10, 2005

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

Patient: ____
TWCC #: ____
MDR Tracking #: M5-05-2708-01
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, Mr. ___ was injured in a work related accident on ___ while working for _____. Mr. ___ is employed as an ironworker and was injured while lifting a heavy object at work. The patient initially complained of pain, stiffness, and fatigue, which began in the lower back and buttock area and radiated distally. The patient underwent surgical to his back in March 2004. Post-operatively the patient underwent therapy and work hardening for his injuries.

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 included but were not limited to:

- Medial Dispute Resolution paperwork
- Multiple EOB's
- Reports from Advanced Orthopedic and Sports Medicine
- Records from Methodist Willowbrook Hospital
- River Oaks Imaging and Diagnostic MRI
- Records from Monarch Pain Care & Rehabilitation Center
- Physicians Review Network report
- Intracorp records
- Report from Dr. Strizak
- Austin & Associates Comprehensive Medical Analysis
- TWCC 69 and Impairment Rating by Dr. Halsey
- Work Hardening notes
- Letter from CARF to Monarch Pain and Rehabilitation

Records from Cy-Fair Bone & Joint
Records from US HealthWorks
Multiple TWCC 73's

DISPUTED SERVICES

The item in dispute is the retrospective medical necessity of a work hardening program from 8-30-2004 through 10-8-2004.

DECISION

The reviewer agrees 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.

Mr. ___ was placed in the Medium Duty PDL according to an FCE prior to the work hardening program. The surgeon, Dr. Cabbage, states on 10-27-2004 that Mr. ___ "is unable to return to his previous line of work. This amount of heavy labor is not compatible with his congenital spinal stenosis and degenerated spine. I would recommend light labor or sedentary work for the patient." This indicates that Mr. ___ is unable to return to his previous line of work and one of the basic premises of a work hardening program is that the patient has specific employment to return to and does not have any other condition which would prevent successful completion of the program. The congenital spinal stenosis and the degenerative condition of the patient's spine would also need to be taken into consideration prior to the entrance to a work hardening program. This information should be identified in the entrance examination when considering work hardening compared to other techniques such as work conditioning. The records do not show the medical necessity of a work hardening program given the fact of the pre-existing conditions and the fact that Mr. ___ is unable to return to his previous line of employment.

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